



Council of Governors Meeting Papers

Thursday 20th June 2024 3:15pm – 5:00pm

RHH 40th Birthday





Deliver right care every time

Performance

- 28 day faster diagnosis standard (Target 75%)– 81.2%
- 31 day decision to treat to treatment (Target 96%) – 86.7%
- 62 day referral to treatment (Target 67.7% from March 2024) – 71.5%
- We are one of the highest performers within the West Midlands for our 28 day faster diagnosis standard.



Deliver right care every time

Infection prevention & control for May 2024

- **Clostridium difficile** – 5 post 48 hours (hospital onset).
- **MRSA bacteraemia** – 0 cases post 48-hour cases.
- **MSSA bacteraemia** – 4 post 48-hour cases.
- **E coli bacteraemia** – 2 post 48-hour cases.
- **Klebsiella bacteraemia** – 1 post 48-hour cases.
- **Pseudomonas bacteraemia** – 1 post 48-hour cases.



COMMUNICATIONS ACTIVITY MAY 2024

In May, the General Election was announced which ushered in the pre-election communication guidance which has been circulated widely to our staff

NURSES DAY

This year we celebrated our diverse range of nursing roles with videos and social media content championing our nursing teams. We were able to showcase the extent of excellent patient care that our nurses deliver every day.

#NURSESDAY

"It's great to know that we can give support to patients in the comfort of their homes and take the time to assess their care needs to offer the best possible outcome."



RUSSELLS HALL HOSPITAL 40TH ANNIVERSARY

On May 21st, 1984, HRH Princess Anne visited Dudley to officially open our new hospital building which had welcomed its first patients in March 1984. We shared the memories of members of staff from that day,



BIRMINGHAM FUN RUN

Team Dudley consisting of Jack Richards, Rory McMahon and Luke Lewis raised over £1500 for the Trust charity by running the Birmingham Half Marathon.



CALL 4 CONCERN LAUNCH

From April 2024, NHS England will be rolling out 'Martha's Rule', which is new legislation to ensure the vitally important concerns of patients and those who know the patient best are listened to and acted upon in NHS settings. In the Trust this will be known as Call 4 Concern.

Over the past few months we have been preparing for the launch with information shared widely with staff across all of our internal comms channels.



Call4Concern

PHARMACIST AWARD

Congratulations to our chief pharmacist Ruckie Kahlon who has been designated as a Fellow of the Royal Pharmaceutical Society for distinction in the profession of pharmacy.



MEDIA COVERAGE

Our public health project midwife Liz Punter appeared on Black Country Radio with host Clive Payne (pictured) to discuss whooping cough and the importance of pregnant mums being vaccinated.

We also distributed 3 media releases for Volunteers Week, Superhero Fun Run and the Paediatric Virtual Ward in May alongside 4 reactive media statements.



STAR WARS DAY

Our Children's Ward once again invited Star Wars characters into Trust on May 4th to spend time with patients, their families, visitors and staff. They were wonderfully received and brought smiles to lots of faces.



WE ALSO SUPPORTED

Staff Networks Day

World Hand Hygiene Day

Bank Holiday messaging

Sun Awareness Week

DAY OF THE MIDWIFE

We celebrated International Day of the Midwife by speaking to midwives and their support teams across the Trust to ask why they loves their jobs. These were shared widely across our comms platforms.



WE NEED YOUR SUPPORT IN THE COMING MONTHS



NHS Birthday and NHS Big Tea

5th July

Celebrations will be taking place across the Trust so please get involved where you can.

Learning Disability Week

June 19th-25th

Windrush Day

June 22nd

Committed to Excellence

June 27th

South Asian Heritage Month

July 18th - August 17th

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

20 June 2024 15:15hr

Microsoft Teams

No.	Item	Paper ref.	Purpose	Presenter	Time
1.	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Chair	
2.	Council Meeting 2.1 Declaration of Interests 2.2 Quoracy 2.3 Announcements	Verbal	For noting	Chair	15:15
3.	Previous meeting 28 th March 2024 – Full Council 3.1 Minutes 3.2 Matters arising 3.3 Update on actions	Enclosure 1	For approval	Chair	
To be a brilliant place to work and thrive Reduce the vacancy rate Improve the staff survey results					
4.	Staff / Patient Story – an opportunity to hear from frontline staff about an improvement journey benefiting staff and patients. Freedom to Speak Up Guardian – April Burrows. Introduced by Khadeejat Ogunwolu, Staff Elected Governor, Nursing and Midwifery				15:20
5.	Remuneration & Appointments Committee Chairs/NED appraisal NED appointments	Enclosure 2	For approval	Gary Crowe, Deputy Chair	15:30
Governance					
6.	Chief Executive's update	Enclosure 3 / verbal	For information & discussion	Diane Wake Chief Executive	15:35
7.	Chairs update <ul style="list-style-type: none"> Board of Directors held in May 2024 Trust integrated Performance report on and note position in respect of Trust targets Non-executive committee chair feedback by exception 	Enclosure 4	For assurance & discussion	Chair	15:45
		Enclosure 5		Deborah Pook, Deputy Chief Operating Officer	15:50
		Verbal		Non-executive committee chairs	15:55
8.	Dudley Integrated Health and Care NHS Trust Update	Enclosure 6	For assurance	Kat Rose, Director of Integration	16:00
9.	Trust Quarterly Strategy Report Q4 and Annual Plan 2024-25	Enclosure 7	For assurance	Ian Chadwell Deputy Director of Strategy	16:10
10.	Strategy Refresh 2024-27	Presentation			
	Learning from Deaths	Enclosure 8	For information	Julian Hobbs, Medical Director	16:20

11.	Quality Account 2023/24	Enclosure 9	For noting	Martina Morris, Chief Nurse	16:30
12.	Lead Governor update	Verbal	For information	Alex Giles Lead Governor	16:35
13.	Board Secretary update <ul style="list-style-type: none"> • Council Elections 2024 • Council of Governors Code of Conduct • Council of Governors Effectiveness Review NHS Self-certification Declaration	Enclosure 10 Enclosure 10a	For approval/assurance	Helen Board Board Secretary	16:40
 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 11	For assurance	Mushtaq Hussain Committee Chair	16:50
15.	Any Other Business Questions raised by governors	Verbal / Enclosure 12	For noting	Chair	16:55
16.	Reflections on the meeting			All	16:58
17.	Close of meeting and forward meeting dates 2024: 26 September, 19 December meeting dates 2025: 20 March			Chair	17:00
<p>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.</p> <p>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.</p>					

**UNCONFIRMED Minutes of the Full Council of Governors meeting
Thursday 28th March 2024, 15:30 hrs
Microsoft Teams Meeting**

Present:	Status	Representing
Mr Lewis Callary	Public Elected Governor	Rest of England
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Ms Natalia Hill	Appointed Governor	University of Wolverhampton
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Maria Lodge-Smith	Public Elected Governor	Stourbridge
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative (Former CCG appointment)
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mr Craig Nevin	Public Elected Governor	Tipton & Rowley Regis
Mrs Khadeejat Ogunwolu	Staff Elected Governor	Nursing & Midwifery
Mrs Yvonne Peers	Public Elected Governor	North Dudley
Cllr Alan Taylor	Appointed Governor	Dudley MBC
Mrs Mary Turner	Appointed Governor	Dudley CVS
Ms Joanne Williams	Public Elected Governor	Halesowen

In Attendance:

Mr Julian Atkins	Non-executive Director	DG NHS FT
Mrs Helen Board	Board Secretary	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Mr Alan Duffell	Chief People Officer	DG NHS FT
Professor Gary Crowe	Non-executive Director – Chair of meeting	DG NHS FT
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Martina Morris	Chief Nurse	DG NHS FT
Mr Andy Proctor	Director of Governance	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Mr Chris Walker	Interim Director of Finance	DG NHS FT
Mr Lowell Williams	Non-executive Director	DG NHS FT

Apologies:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Ms Karen Brogan	Director of Operational HR	DG NHS FT
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 Joanne Hanley	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Professor Liz Hughes	Non-executive Director	DG NHS FT
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	DG NHS FT
Sir David Nicholson	Trust Chair	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Ms Diane Wake	Chief Executive	DG NHS FT

Mr Jonathan Woolley	Staff Elected Governor	Partner Organisations
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Not In Attendance:

Dr Thuva Amuthalingam	Associate Non-executive Director	DG NHS FT
Dr Gurjit Bhogal	Non-executive Director	DG NHS FT
Mrs Emily Butler	Public Elected Governor	Halesowen
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mr Barrie Wright	Public Elected Governor	Brierley Hill

COG 24/1.0 15.30	Welcome
COG 24/1.1	<p>Introductions & Welcome</p> <p>Professor Gary Crowe welcomed everyone to the meeting.</p> <p>He welcomed and introduced the new Chief Nurse, Martina Morris, to her first Full Council of Governors meeting. He acknowledged the amazing work done by Helen Blanchard in her role as Interim Chief nurse.</p> <p>The Chair welcomed the newly appointed governor from the Institute of Health – University of Wolverhampton, Natalia Hill.</p>
COG 24/1.2	<p>Apologies</p> <p>Apologies had been received as noted above.</p>
COG 24/2.0	Council Meeting
COG 24/2.1	<p>Declarations of interest (Enclosure 1)</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.</p> <p>There were no declarations made.</p>
COG 24/2.2	<p>Quoracy</p> <p>The meeting was declared quorate.</p>
COG 24/2.3	<p>Announcements</p> <p>No announcements were made.</p>
COG 24/3.0	Previous meeting
COG 24/3.1	<p>Previous Full Council of Governors meetings held on 06th December 2023 (Enclosure 2)</p> <p>The minutes from the previous meeting were given as enclosure two for the full Council of Governors meeting held on 06th December 2023.</p> <p>J Hobbs requested the following sentence be amended under item no. COG 23/42.2: "He noted that the Trust was the only hospital in the country to have end-of-life care for</p>

	<p>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.”</p> <p>It was Resolved to</p> <ul style="list-style-type: none"> • Approve the minutes as an accurate record of the meeting held, with the exclusion noted above. <p>Action:</p> <ul style="list-style-type: none"> • Post this meeting, the sentence under item no. COG 23/42.2: “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.” would be amended in the minutes from 6th December 2023.
<p>COG 24/3.2</p>	<p>Matters arising</p> <p>There were none.</p>
<p>COG 24/3.3</p>	<p>Update on actions</p> <p>COG23/44 – System Wide Updates</p> <ul style="list-style-type: none"> - The DIHC Update and Dudley Place Development 2023 PowerPoint presentation would be circulated to the Council of Governors. <ul style="list-style-type: none"> o PowerPoint presentation shared with the Council of Governors. This action is now completed. <p>COG23/44 – System Wide Updates</p> <ul style="list-style-type: none"> - The DIHC update would be added to the Full Council of Governors meeting agenda in March 2024. <ul style="list-style-type: none"> o DIHC update added to the Full Council of Governors meeting agenda in March 2024. This action is now completed. <p>COG23/46 – Experience and Engagement Committee Update</p> <ul style="list-style-type: none"> - The training plan for 2024 would be circulated to the council of governors. <ul style="list-style-type: none"> o Training plan shared with the governors. This action is now completed.
<p>COG 24/4</p>	<p>Remuneration & Appointments Committee (Enclosure 3)</p> <p>The Chair noted that the Remuneration and Appointments Committee, which met on 20 March 2024, was one of the subcommittees of the Council of Governors responsible for considering remuneration and appointment matters for the Chair and non-executive directors.</p> <p>He provided a brief overview of the appraisal process for the non-executive and chair and stated that the appraisals had to be completed in line with the other staff appraisals by the end of July. On 28th February 2024, NHS England published the NHS Leadership Competency Framework for Board Members (LCF) as outlined in Appendix 1 of the meeting papers. The LCF provided a framework for board member recruitment and appraisal and would inform future board leadership and management training and development.</p> <p>A revised Chair Appraisal Framework, as outlined in Appendix 2 of the meeting papers, had been published for use in 2023/24 chair appraisals. It included the competencies outlined in the LCF. The Senior Independent Director (SID) would complete the chair's appraisal. 360-degree feedback would be sought from different stakeholders who interacted with the Chair.</p>

The completed appraisals would be first reviewed at the Remuneration and Appointments Committee meeting before being brought for endorsement to the Full Council of Governors meeting in autumn.

The Chair informed the Council of Governors that two vacancies had arisen for the non-executive director position. Julian Atkins would reach the end of his term of office in May 2024, and Gurjit Bhogal had submitted his resignation, as he had received an offer to be a non-executive director with the International Cricket Board. G Bhogal would continue working as a non-executive director with the Trust until the end of May 2024.

The meeting papers included a proposed recruitment pack for these two positions. One of the vacancies was to recruit for a commercial and financial position to replace Julian Atkins, and the second was to recruit someone with clinical and medical experience to replace Gurjit Bhogal. The recruitment panel would consist of representation from internal staff, the Council of Governors (Lead Governor) and an external representative.

The term of office for associate non-executive director Thuva Amuthalingam would be reached at the end of May 2024, and that of associate non-executive director Anthony Hilton would be reached at the end of July 2024. In both cases, conversations are ongoing with finalisation expected in the coming weeks.

The Chair noted to the Council of Governors that the chairing and membership of the Board Committees was being reviewed.

The remuneration for non-executive directors was last reviewed in 2019. NHS providers led a national initiative to review the pay scale for non-executive directors. A review of non-executive remuneration and terms and conditions was underway. As foundation trusts can make certain decisions of their own accord, the Chair proposed for a paper to be brought to the Remuneration and Appointments Committee for an internal review of the non-executive director pay scale if the national pay scale review did not come through shortly.

The Council of Governors agreed to **note** and **endorse** the following:

- **Noted** the publication by NHS England of revised guidance related to non-executive and chair appraisal.
- **Endorsed** the proposed full-year non-executive director and chair appraisal process.
- **Endorsed** the process for the non-executive director appointments.
- **Noted** that the extension of the associate non-executive director positions was to be finalised.
- **Endorsed** the Non-executive committee allocations and portfolio changes.
- **Noted** that the non-executive remuneration was under review.

COG 24/5

Chief Executive's update (Enclosure 4)

K Kelly summarised the Chief Executive's report for 14 March 2024, given as enclosure four, and highlighted the following:

- The Trust was performing extremely well with its elective restoration and recovery work as an organisation and continued to provide mutual aid to other trusts within the Black Country to support a system-wide reduction in the elective backlogs.
- The challenge for March 2024 was meeting the 76% standard for the Urgent and Emergency Care Pathway. This meant that 76% of patients who attended the emergency department were to be seen and either discharged or admitted to a ward/department within the 4-hour timeframe. K Kelly was happy to note that the Trust was going to meet the month-end target for March 2024 at 76.4%.
- Improvement shown with ambulance handover delays.
- The opening of the Midland Metropolitan University Hospital in Autumn 2024 would impact patients who attend the Trust either via ambulance or walk-ins.

	<p>Talks were ongoing with current key stakeholders to review how to manage this increase in numbers.</p> <ul style="list-style-type: none"> - A new patient safety initiative introduced by NHSE called 'Martha's Rule' would be implemented in the NHS from April 2024. This meant that patients, families, carers and staff would have round-the-clock access to a rapid review from a separate care team if they were worried about a person's condition. K Kelly assured the Council of Governors that all the teams in the Trust were aware of 'Martha's Rule' and were working with the Patient Safety Deterioration Team and Critical Care Outreach Team to ensure full implementation of this rule. - The recent Mitie Industrial action was stood down. The junior doctors had voted again to strike, and the Trust was waiting to hear the new strike dates. - The Dudley Group NHS Charity ran a mascot competition open to children aged 7 – 11 from 27 November 2023 to 8 January 2024. The competition involved children designing a character that best represented the Dudley Group NHS Charity and its work. Laila Adams-Flash, aged 11, from Q3 Academy Langley in Oldbury, was the winner of the competition. Her mascot is called 'Aati', which means 'generous' in Arabic. The new mascot would be unveiled at the Super Hero Fun Run on Sunday, 9th June, at Himley Park. - Staff at the Theatres department were excited to receive a donation of two mini-sized Tesla electric cars for their young patients. The cars are a great distraction tool to help alleviate young patients' anxieties while waiting for surgery. <p>The Chair queried how meeting the national performance target set for the Emergency Department (ED) would benefit the Trust. K Kelly stated that if the Trust met the performance target set for ED then it would firstly benefit the patients in terms of providing them with timely clinical and ongoing care. Secondly, the majority of patients in ED are waiting for a hospital admission or referral to Same Day Emergency Care (SDEC) pathways. The Trust had to submit its performance figures by the end of March – beginning of April. If any trust achieved around 76% of the national performance target and ranked among the top ten trusts with the highest achievement overall in terms of performance then that trust would receive money allocated to the system and individual trusts in the region of around £2 million for each element.</p> <p>K Kelly confirmed to the Chair that the junior doctors would be going on strike again and the Trust was waiting to receive confirmation on the strike dates.</p> <p>J Williams asked what the impact on the Trust would be after the introduction of 'Martha's rule'. J Hobbs assured the council that the IT infrastructure was set up and the Critical Care Outreach team was up to date on the process to introduce 'Martha's rule'. He further assured the Council that the daily review of a patient's symptoms was already incorporated into the system and a few teams, like paediatrics, was already following it.</p> <p>M Morris felt 'Martha's rule' would benefit patients and their family members as it provided a platform for engagement and allowed them to seek a second opinion if needed. She was assured by the advanced planning done by the Trust to introduce 'Martha's rule' and did not think that the Trust would be drastically impacted by its introduction.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
COG 24/6.0	Chair's Update
COG 24/6.1	<p>Chair's Update - Board of Directors held in January and March 2024 (Enclosure 5)</p> <p>The Chair noted the contents of enclosure five, which was a summary of the Public Board of Directors meeting held in March 2024.</p> <p>He briefly highlighted some of the positive work noted in the report:</p>

- He noted the positive assurance received earlier in the meeting on the recurring strength of the organisation in providing good quality support and care to its patients.
- Good progress with the Dudley Integrated Health and Care transaction.
- Positive assurance received on the ongoing work with Dudley Health and Care Partnerships.

He noted the following areas of concern:

- Annual CQC Maternity survey results had been published for 2023 with the Trust flagged as an outlier as 'worse than expected' however this was an improvement compared to the 2022 results.

The Chair queried if there was an update available on the results from the thematic review of neonatal deaths. J Hobbs stated that the report was technically correct and it had been noted that there was a rise in neonatal mortality. The Trust had reviewed its processes and was now compliant with the PERIPrem (Perinatal Excellence to Reduce Injury In Premature Birth) bundles, which are evidence-based bundles that had improved neonatal outcomes. The Trust had also made fantastic progress relating to actions on saving babies' lives. The team reviewed all the deaths and made significant interventions based on the three bundles. The MBRRACE-UK (Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries-UK) perinatal mortality surveillance data showed that the Trust was within the green zone. The Chair summarised that there weren't any immediate/additional concerns to be noted but the Board would maintain oversight of the data.

The Chair summarised the year-end financial situation for 2023-24 as ending well with good efficiencies and limited financial strain. The period ahead presented some significant financial challenges and the teams would need to review their operational processes to ensure the best use of the current resources.

C Walker reiterated the message delivered by the Chair regarding a good year-end financial situation for 2023-24. The Trust had received some additional non-recurrent income which helped the Trust to achieve a surplus forecast position. If the Trust had not received the additional income, it would still be on target to meet the original financial plan. He thanked all the staff for their hard work with ensuring that the Trust met its target for the financial year 2023-24.

The next financial year posed a massive challenge for the NHS as a whole. The system had submitted a draft plan to NHSE, revealing a deficit of £120 million, with the Midlands region contributing a deficit plan of £1.1 billion. Within this, the Trust had a deficit of £43.8 million. To address this, the Trust had to deliver a cost improvement programme worth 5.2%, equivalent to £29 million.

The Trust planned to submit the final plans for 2024-25 by early May 2024. The Chair reassured the Council of Governors that the Trust Board had considered the nature of the financial challenge and the available resources. Over the coming weeks, they would finalise the financial plan based on actions they could deliver and be held accountable for.

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

COG 24/6.2

Trust Integrated Performance Report (Enclosure 6)

K Kelly noted the contents of enclosure 6.

Emergency Department (ED) 4-hour performance for January was 71.9% vs 76% national targets. Delays occurred with patients waiting an extended period in ED after referral and post-take by specialty waiting for bed capacity.

January's overall triage position was 80.6% vs 95% national target. The wider Integrated Care System had seen a similar drop in target performance. However, the Trust remained the best in the region for their Triage performance.

Since October 2023 National Cancer Constitutional standards monitor against 28 day Faster Diagnostic Standard (FDS), 31-day combined decision to treat, and 62 days combined referral treatment. The Trust had achieved 82.4% against the constitutional standard of 75% on the 28 day FDS and 87.6% against the national target of 96% for the 31-day combined decision to treat. Performance against the 62 Day target achieved 68% in December against a national target of 85% which NHSE had revised to 70% by March 2024. The data for the cancer targets take up to three months to be validated and K Kelly felt certain that the updated results would show an improved rate against all cancer standards for the Trust.

January's DM01 (diagnostic standard) performance showed the Trust had achieved 90% against the standard of 81%. The Trust aimed to reach the original target of 99% which it was on trajectory to achieve.

The Trust continued to provide mutual aid to other trusts in the Black Country to support a system-wide reduction in the elective restoration and recovery backlog. The Trust was focusing on the next national requirement of reducing waits beyond 65 weeks and was participating in the national, (GIRFT)Getting It Right First Time-led 'Further Faster' project aimed at increasing the number of first new outpatient appointments.

The Patient Initiated Digital Mutual Aid System (PIDMAS) was introduced in the NHS to allow patients on a waiting list for more than 18 weeks to choose to move to another trust. However, this initiative wasn't successful for several reasons. Patients preferred to stay with their respective trusts, refused to travel elsewhere when offered the option to move their treatment, and it caused a loss of income to the original trust if patients chose to go elsewhere for treatment. The Trust offered this option to 400 patients, but only eight chose to receive treatment elsewhere. Consequently, the Trust began collaborating with other trusts in the Black Country to ensure the best process for these patient groups.

K Kelly assured the Council of Governors that the Trust was performing well against the set trajectories. The Trust was also providing mutual aid to other organisations where possible and had been recognised for its excellent performance in achieving targets for cancer and elective recovery.

C Inglis asked for an update on accessing data by community services as this affected their ability to monitor performance and provide the necessary grip and control. K Kelly requested C Inglis to meet with her outside this meeting to discuss this further and help support her and the team to acquire the data that they needed.

The Chair assured C Inglis that the Trust was working hard to ensure that the problems faced by the Community Staff were looked into and their issues were addressed to support a good working relationship.

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.

C Nevin queried whether the target of 79% to 80% of patients being seen within the 15-minute timeframe on arrival referred to the patient being checked in at the desk or being seen by a medic. K Kelly confirmed that this referred to the time taken for a patient to be seen by a medical professional.

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

Non-executive committee chair feedback by exception (Verbal)**Finance and Productivity Committee meeting:**

The Chair invited L Williams to update the Council of Governors on the recent decisions/changes approved at the Finance and Productivity Committee meeting.

L Williams reaffirmed to the Council of Governors that the Trust had ended the financial year within the predicted deficit at the start of the financial year. Various cost improvement measures were introduced during the year and some of these measures would be recurrent and continue into the next financial year of 2024-25.

On 28th May 2024, the Finance and Productivity Committee recommended a paper to be submitted to the Board of Directors for approval outlining the deficit position for the Trust in the forthcoming year. This deficit position was reached after approving further cost-improvement actions for the following year. All aspects of finance were reviewed, including pay, as there had been an increase in staff numbers over the last few years. The Committee reviewed how this growth in staff numbers could be managed without harming patient care.

The system as a whole would be presenting its accumulative deficit to NHSE (National Health Service England) for approval. He acknowledged that these were exceptional times financially and the forward challenge was significant for all the trusts in the Black Country. He assured the governors that the Trust was moving into the coming year financially stronger than the other trusts in the region.

People Committee:

J Atkins provided a short update on the outcomes at the People Committee meeting. The meeting was well attended by all members of staff including governors. There were no major concerns to be noted. There was a slight increase in sickness absence but it was closely managed. The audit KPIs (Key Performance Indicators) like turnover retention vacancy and mandatory training were all within target.

Over the last few months, numerous initiatives were taken around the People Strategy. In January the committee approved the organisational and development journey and the recruitment and retention journey. In February, the well-being and the continuous improvement journey were approved.

The steering groups were operating well. In February, Paul Singh, head of EDI (Equality, Diversity and Inclusion) received national recognition from the Asian Professional National Alliance, which celebrated 75 years of South Asian pioneers.

The committee was updated on the shadow board which would assist with the succession planning for both executive directors and senior divisional management roles.

The committee received a paper on the successful introduction of a Psychological Well-being Practitioner Role within theatres, anaesthetics and critical care teams. This staff member had been supporting approximately 60 staff members and the team were able to record a significant reduction in both short-term and long-term absences within those areas. This role was made substantive and the committee was looking at introducing this role to other teams within the Trust.

J Atkins invited the governors to attend the People Committee meeting in April when the divisions would present their action plans to address and improve the performance issues that had arisen within their respective divisions.

The Chair acknowledged that the staff results had still not received sufficient traction. However, the Trust had taken several proactive steps, such as introducing the Psychological Well-being Practitioner role, which demonstrated the Trust's innovative

	<p>approach to staff welfare. This initiative led to the development of a cost-effective plan, which reflected the Trust's commitment to fostering a supportive and sustainable work environment.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
<p>COG 24/7</p>	<p>Dudley Integrated Health and Care NHS Trust Update (Enclosure 7)</p> <p>K Rose summarised the report given as enclosure 7.</p> <p>She informed the governors that The Black Country Integrated Care Board (ICB) and Dudley Integrated Health and Care NHS Trust (DIHC) had made recommendations to their boards to approve and support the preferred option that would see The Dudley Group NHS Foundation Trust (DGFT) receiving services and staff from DIHC. In December 2023 DIHC Board approved the move forward with the dissolution of the Trust.</p> <p>A majority of services from DIHC would be transferred to DGFT which included two GP practices. Primary Care was a vital part of the health system and the acquisition would help the Trust to plan and integrate their services better with the primary care sector.</p> <p>The Clinical Commissioning Services provided by DIHC on behalf of the Integrated Care Board (ICB) would be moved to DGFT. This would help the Trust to have oversight of the money used for commissioning services.</p> <p>DIHC convened an Integrated Medicine Management Team that comprised of pharmacy staff and medicine management professionals, who preferred to remain intact. This team, operated within GP practices and primary care networks, ensured the optimal utilisation of medications in primary care settings.</p> <p>An integrated intermediate care team and a community healthcare team would transfer to the Trust.</p> <p>Over the last few months, work had been undertaken by members of the Trust's DIHC Transaction Project Group to work through the due diligence information that had been provided about the services that the Trust would be receiving. The outputs of the due diligence review and several other documents that had been produced would go to the Trust Integration Committee and the sub-board committees for the Board self-certification process.</p> <p>K Rose assured the Council of Governors:</p> <ul style="list-style-type: none"> - That the Board sub-committees were assured of the due diligence process that was undertaken. - The Trust had appointed Hill Dickerson as the legal advisor to support this process. They had undertaken a legal due diligence exercise which was reviewed at the March 2024 Finance and Productivity Committee meeting and did not highlight any significant risks to the transaction. - The financial position had been reviewed and the ICB and its partners were committed that no organisation would be worse off financially due to this transaction. <p>All the above processes were carried out at the request of NHS England to ensure the safe transfer of staff and services on 1st July 2024.</p> <p>NHS England would review the assurance provided by the Trust and then submit a paper to the Secretary of State to sign off the process as it involved the dissolution of a Trust. The Trust did not anticipate any delays with the signing off of the transaction.</p>

	<p>A new divisional structure would be formed with K Rose as the Director of Integration. The services transferring from DIHC would come under this division and the Trust was reviewing how best to integrate the community services with the primary care services in the future.</p> <p>The Chair thanked K Rose for an excellent outline of the safe and secure completion of the transaction process and for highlighting the opportunities available to integrate services more effectively for patient care and outcomes.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
<p>COG 24/8</p>	<p>Trust Quarterly Strategy Report and forward planning update (Enclosure 8)</p> <p>I Chadwell provided a brief overview of the Quarter Three 2023/24 Trust Strategy Report given as enclosure eight.</p> <p>The report summarised the progress against the goals and measures of success in the Trust’s strategic plan ‘Shaping #OurFuture’.</p> <p>One measure of success had changed its RAG (Red, Amber, Green) ratings this quarter:</p> <ul style="list-style-type: none"> - Improved health & wellbeing (Increased planned care and screening for the most disadvantaged groups) upgraded back to green from amber on the basis that the breast screening service was predicted to achieve an acceptable level of uptake (77% versus a target of 70%) following actions put in place with Dudley public health team. <p>All other RAG ratings remain unchanged.</p> <p>I Chadwell provided a brief update on the annual planning for 2023/24. There were 18 objectives that the Trust was going to focus on for the next few years. They found that having a focussed approach reaped more benefits. He provided the example of the long-term objective of Workforce which was to achieve staff survey results better than the England average by 2024/25. There was significant investment and effort put into the appraisal process which was reflected in the appraisal rates this year.</p> <p>The planned submission had been challenging due to the delayed guidance. The Trust submitted drafts based on unofficial guidance for the financial plan, workforce plan and activity/performance plans. These submissions were done with the caveat that they may change based on final guidance.</p> <p>I Chadwell highlighted that a significant concern was the expectation to reduce bed occupancy while maintaining bed numbers. The current operations involved opening additional beds during demand surges, not accounted for in the fixed bed base plan. Also, the bed availability and occupancy rates are higher than NHS England’s targets.</p> <p>The Trust had met elective targets per the timetable, but a new outpatient metric required further assessment.</p> <p>A summary of the planning guidance, along with NHS provider briefings, would be shared post-meeting.</p> <p>The Chair asked about the target date for signing off the next year’s plan. I Chadwell confirmed that the Trust and the system had to submit a final plan by 2nd May 2024. This would require the plan to be reviewed by all the governance committees by mid-April 2024. The financial plan had to be submitted directly to NHS England.</p> <p>The strategic plan of the Trust ‘Shaping #Our Future’ included five goals and measures of success. This plan was due for renewal around September 2024. A light touch</p>

approach for the update was previously agreed upon, extending the plan to 2027 to align with other Black Country partners' plans.

The update involved multiple work streams, including:

- An annual plan
- A system financial recovery plan
- A strategy refresh 2024-27. Within that, there would be a re-introduction of the Clinical Services Plan which was last in effect around 2021.

The Clinical Services Plan would align with the financial recovery plan, the long-term objectives and the new service transitions from DIHC.

The Trust had held various stakeholder engagements in preparation for the strategy refresh, which included:

- Quarterly staff surveys and Make It Happen tours focussed on strategic questions.
- A senior staff survey was planned for April.
- A membership survey for members and governors, with over 150 responses received so far.
- I Chadwell and Sally Cornfield attended the Health and Care Network in January 2024. Questions to the voluntary sector were devised and circulated via Dudley CVS with plans to hold an online event in May.

The Chair queried if it would be more beneficial to do the strategy refresh during an in-person meeting so that there could be more interaction and effective collaboration. I Chadwell acknowledged an upcoming face-to-face Full Council of Governors meeting in June when the planning could take place. He highlighted that feedback from the council meeting in December had been integrated into the planning framework and noted two key areas of progress:

- Community-Based Services:
 - o Piloting outpatient clinics by the paediatric team in family hubs managed by the Dudley Council, with the hope that some of these services would permanently relocate.
- Community Diagnostic Centre:
 - o Expanding diagnostic services to community locations like Brierley Hill Health and Social Care Centre, aligning with the feedback to make services more accessible locally.

The Chair thanked I Chadwell for the progress update and acknowledged that at the next in-person meeting there would be a plan to discuss this further and ensure more interaction.

Action:

- Summary of planning guidance and NHS provider briefing to be circulated to the Full Council of Governors.

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

COG 24/9

Patient Safety Incident Response Framework (PSIRF) Update (Presentation)

A Proctor introduced himself and provided a presentation on the Patient Safety Incident Response Framework (PSIRF).

He began the presentation with a brief introductory video on PSIRF by NHS England. Post the meeting, the video link would be shared with the Council of Governors.

A Proctor emphasised the importance of patient safety within the Trust, regardless of roles, and highlighted that both administrative and clinical staff could impact PSIRF learning.

The Trust went live with PSIRF on 5th November 2023 as required by NHS England and was one of the few trusts in the Black Country to do so.

The transition to PSIRF represented a significant change by moving away from lengthy reports to a more patient and family-inclusive approach and managing expectations by involving patients and families throughout the process.

Since its implementation, 10 Patient Safety Partners, who are voluntary community members, had been integrated to provide feedback on processes and documentation. These Patient Safety Partners ensured that procedures were not overly complicated and remained patient-friendly.

A Proctor provided an example of the benefit of PSIRF - In February, a patient experienced a fall while in care. This incident was managed using an Action After Review (AAR) process. The investigation and report were completed while the patient was still in care. This helped the Trust to provide immediate engagement and feedback before the patient was discharged. This approach marked a significant improvement in patient engagement.

The Integrated Care Board (ICB) recognised the proactive approach and the involvement of Patient Safety Partners by the Trust and asked it to serve as an exemplar. The Trust was one of six case study participants in the National PSIRF implementation research study.

The Chair reiterated that PSIRF is a nationwide initiative, and noted that the Trust was already implementing it effectively. He commended the Trust on its commitment to embedding PSIRF into its processes to enhance patient safety and ensure continuous learning and improvement.

Action:

- 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.

No comments or questions were raised. The presentation was noted for information.

COG 24/10

Lead Governor Update (Verbal)

A Giles had sent his apologies during the meeting, as he could not attend due to a last-minute change in circumstances.

H Board highlighted the following on behalf of A Giles:

- Governor elections were underway.
- The joint governor training session with Black Country Healthcare NHS Foundation Trust was well received. It provided a good environment for discussing topics relevant to new governors and those who had been in the governor position for some time. This session also highlighted the importance of system working and collaboration.
- Governors received regular training on a range of modules. The recent training on Communications delivered by Simon Ashby offered valuable insight into the Trust's proactive communication strategies. Governors also received regular proactive press releases.
- The Experience and Engagement Committee oversaw the engagement activities and feedback received from governors. H Board emphasised that the Trust valued the feedback from governors when they were out and about in the community. She stated to the Council that A Giles wanted to highlight the importance of triangulating feedback from reports and activities participated in,

	<p>as they provided the governors with the relevant assurance to fulfil their statutory duties.</p> <ul style="list-style-type: none"> - Governors were keen to support the Quality agenda, particularly in achieving the Quality Priority targets set for the upcoming year. <p>M Morris stated that she was eager to collaborate with the governors on Quality Priorities and had previously discussed this with A Giles.</p> <p>No further comments or questions were raised. The update was noted for information.</p>
COG 24/11	<p>Board Secretary Update (Enclosure 9)</p> <p>H Board presented the report given as enclosure nine.</p> <p>She noted that an update on the ongoing elections was available in the meeting papers.</p> <p>H Board highlighted the following:</p> <ul style="list-style-type: none"> - Council of Governors Terms of Reference <ul style="list-style-type: none"> o Reviewed in line with best practices to reflect changes in legislation or governance matters. No changes were proposed this year. The Council of Governors was asked to approve the Terms of Reference. - Lead Governor – annual endorsement <ul style="list-style-type: none"> o The role of Lead Governor was mandated by NHS England. Alex Giles was elected to this position by his fellow council members. This role required annual endorsement by the full Council. A proposal was made to endorse Alex Giles to continue as Lead Governor until the end of his term in December 2024. H Board informed the Council of Governors that Alex Giles had indicated his intention to stand for re-election. - Council of Governors Committee Workplan <ul style="list-style-type: none"> o The Council of Governors committee followed an annual workplan outlining the key regulatory and compliance items the Trust must deliver throughout the year. The Council of Governors was asked to approve the workplan for 2024/25. - Council Committee Membership Review <ul style="list-style-type: none"> o Elections are held twice a year, requiring a review of committee memberships. H Board requested that Governors respond to an email expressing their interest in either remaining on their current committees or changing to new ones. The committee membership would be confirmed after the June 2024 elections. <p>The Full Council of Governors agreed to endorse the following:</p> <ul style="list-style-type: none"> - Council of Governors Terms of Reference - Alex Giles as Lead Governor until the end of his term in December 2024 - Council of Governors Committee Workplan <p>There were no questions or comments raised.</p>
COG 24/12	<p>Experience & Engagement Committee Update (Enclosure 10)</p> <p>M Hussain had forwarded apologies for the meeting.</p> <p>The Chair noted the update as provided in enclosure ten and highlighted the importance for governors to engage with the members in their respective constituencies.</p> <p>There were no comments or questions raised.</p>
COG 24/13	<p>Any other Business (Verbal)</p> <p>There were none.</p>

COG 24/14	<p>Reflections on the meeting (Verbal)</p> <p>The Chair acknowledged the successful conduct of the meeting despite some attendees being unwell. He recognised the challenges of conducting meetings online and noted the preference for face-to-face meetings.</p> <p>He affirmed that the Trust continued to be open and transparent with the Council of Governors about the challenges faced by the organisation.</p>
COG 24/15	<p>Close of meeting and forward Council of Governor meeting dates: 2024/25</p> <p>The next meeting dates were as follows for 2024: 20 June, 26 September, 19 December and 20 March 2025</p> <p>The meeting closed at 17:28 hrs.</p>

Gary Crowe, Chair of the meeting

Signed..... Dated

DRAFT

Outstanding
To be updated
Complete

Item to be addressed

Item to be updated

Item complete

Council of Governors meeting held 28th March 2024

Item No	Subject	Action	Responsible	Due Date	Comments
COG 24/3.1	Previous Full Council of Governors meetings held on 06 th December 2023	The sentence under item no. COG 23/42.2 from the minutes on 6 th 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."	Foundation Trust Office	Completed	Sentence amended in the Final meeting minutes for 6th December 2023
COG 24/8	Trust Quarterly Strategy Report and forward planning update	Summary of planning guidance and NHS provider briefing to be circulated to the Full Council of Governors.	Foundation Trust Office	Completed	Planning Guidance and briefing shared with the governors
COG 24/9	Patient Safety Incident Response Framework (PSIRF) Update	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.	Foundation Trust Office	Completed	Presentation and link were shared with the governors

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

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

1. Suggested discussion points

Non-executive director appointments and extensions

The Remuneration and Appointments Committee of the Council of Governors reported to the March 2024 Council meeting where it was noted that owing to the timing of the non-executive director appointment processes would move to seek online endorsement of the following ahead of formal endorsement by the full council of governors at the June 2024 meeting:

NED Recruitment process 2024 and portfolio assignments – the appointments listed below were considered by the Remuneration and Appointments Committee and online endorsement sought from the Full Council.

Interviews were held 15th May 2024. The panel was made up of deputy chairman Gary Crowe, CEO Diane Wake, senior independent non-executive director Catherine Holland, deputy lead Governor Yvonne Peers and head of equality & diversity Paul Singh.

On conclusion of the interview process, the calibre of candidate was such that the panel agreed that in order to support board diversity, breadth of skills and experience, they moved to recommend the appointment of three non-executive directors and one associate non-executive director. To note that the chairman Sir David Nicholson was supportive of the proposed appointments and in parallel the Trust advised the ICB who are required to retain oversight on non-executive board appointments.

The appointments to note are:

Non-executive Director

- Anne-Maria Newham - brings clinical and community care expertise as a recently retired Chief Nurse in the east of England area. The intention is Anne-Maria will serve on our Quality, Audit and Charity committees
- Peter Featherstone - brings financial and performance management expertise from a career in local government and most recently as a DIHC NED (F&P comm Chair) and a NHS NED with the Shropshire community trust. The intention is Peter will serve on our Finance & Productivity, People and Audit committees.
- Dr Mohit Mandiratta - brings primary care and public health expertise as a GP in Halesowen and of course known to us as a Trust governor (will stand down). The intention is he will serve on our Quality, People and Integration committees.

Associate non-executive Director

- Dr Ita Donovan - brings organisational performance and transformation expertise as a former local authority chief executive and academic. The intention is Ita will serve on our Finance & Productivity, Audit and Integration committees

Reappointment – associate non-executive directors

The Council were previously advised that the re-appointment of two non-executive directors Anthony Hilton and Thuva Amuthalingam would be subject to further conversation with the individuals involved and an online endorsement from the Remuneration and Appointments Committee ahead of formal approval to be sought from the full Council. Those conversations have now taken place and online endorsement received from the Remuneration and appointments Committee members for:






Thuva Amuthalingam – by mutual agreement his term of office will end 30th June 2024 and extend thanks for his contribution to the Trusts integration, quality and diversity agenda.

Anthony Hilton – it is proposed to extend his term of office for a further year until July 2025 to continue supporting the Trusts application for University Hospital status and Place agenda.

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

- **Note** the non-executive director appointments
- **Endorse** the extension of the associate non-executive director Anthony Hilton until July 2025

2. Alignment to our Vision

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

Full Council of Governors Meeting – 20 June 2024 and online.

4. Recommendation(s)

The Council of Governors is asked to:

a. Note the non-executive director appointments

b. Endorse the extension of the associate non-executive director Anthony Hilton until July 2025






5 Impact

Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.				
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale				
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond				
Corporate Risk Register	N					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report Title	Public Chief Executive Report
Sponsoring Executive & Presenter	Diane Wake, Chief Executive
Report Author	Alison Fisher, Executive Officer

1. Suggested discussion points
<ul style="list-style-type: none"> Youth Worker Operational Performance NHSE Letter re Local 4 Hour Performance Black Country Provider Collaborative Sexual Safety Charter Charity Update Healthcare Heroes Patient Feedback Awards Visits and Events

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

2. Report journey
Board of Directors – 9 May 2024 Full Council of Governors Meeting – 20 June 2024

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

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

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 9 MAY 2024

Youth Worker

Luke Purdy is the Trust's Youth Worker and is joining the meeting, along with his manager Claire McCafferty, to discuss his role and the positive impact it is having on patients.

Operational Performance

Emergency 4 hour Performance

This month Emergency Department performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.

In order to improve performance, the trust division to division conducted a best practice review of Care Quality Commission evidence papers and decided upon a suite of initiatives to roll out with the department.

These included:-

- GP letter patients straight to Same Day Emergency Care/Surgical Same Day Emergency Care.
- Ascertain the small cohort of patients sending patients straight to Emergency Department rather than the Hub.
- Agree new streaming template with Urgent Care Centre for patients with letters to go direct to Speciality.
- Develop an alert to inform that patients have a High Intensity User note.
- Re-run of heat mapping exercise for nurses and medics in Emergency Department
- Application to central fund for extra medic in Emergency Department overnight (To be confirmed - still outstanding - dependent on fund).
- Refocus on Rapid Assessment and Treatment (RAT) model.
- Joint working with Surgery to ensure proactivity to take patients from Emergency Department even when full.
- Organizational agreement that specialties must take patients directly and not wait to assess them in Emergency Department.
- Improve Validation processes.
- Extra Validation resource.

Ambulance Handover

Utilisation of pathways remains negligible with most days recording single figures of calls to Hub from West Midlands Ambulance Service and the proposed call before convey scheme did not start as planned. Call before you convey is having little difference on the number of ambulances arriving at Emergency Department and this has been flagged to the wider Integrated Care System & West Midlands Ambulance Service. Initial Rapid Assessment & Treatment Data shows significant falls in Length of Stay in Rapid Assessment & Treatment cubicles and quicker access to antibiotics, fluids and analgesia. Rapid Assessment & Treatment is continued through to March before a decision is made at Finance & Productivity Committee about long term funding.

On going actions:-

- Rapid Assessment & Treatment agreed to continue through to March to help with early decision making.
- Escalation of ambulances without a plan to offload at 30 mins to Site Team with additional role cards to link Acute Medical Unit & Site teams based on the Kings College Model.
- Additional trolley capacity now in place to ensure offloads can happen promptly at the ambulance entrance.

- Streamers and triage nurses continue to utilise pathways as early as possible and sit out suitable patients to free up ambulance.
- Designated Emergency Department Tracker monitoring ambulance offloads/pinning. Regular escalation to both halo, site, operations management and nurse in charge.
- Emergency Department operational escalation bleep initiated through office hours and point of contact for urgent escalations

Restoration & Recovery

The national focus continues to be on the reduction of long waits, and this is something that we continue to perform well with as a Trust. We continue to ensure that there are no patients waiting over 78 weeks for treatment and although we are not able to meet the end of March 2024 timescale set for the clearance of 65 weeks, we are aiming to comply with the plan to have cleared them by the end of quarter 1. At present we are ahead of trajectory.

Post Validation Referral To Treatment Incompletes >78 week trend:- In March 2024 - 3 patients breached – actions in place.

Post Validation Referral To Treatment Incompletes >65 week trend:- As of 27.3.24 - 335 patients waiting.

Referral To Treatment 65 week trajectory 1st Outpatient Appointment:- As of 28.3.24 – 47 patients waiting 1st outpatient appointment.

Local 4 Hour Performance exceeding 76% across March 2023

Following achievement of the target set to achieve 76% for March of the 4 hour performance in March, NHSE have written to congratulate the Trust. Full letter is included in the reading pack.

Black Country Provider Collaborative

The following are the key messages from the Black Country Provider Collaborative activities during April 2024.

Clinical Improvement Programme

- **GiRFT (Get it right first time)** - The Black Country system received its annual visit from Professor Tim Briggs and the national Get it Right First Time team to review progress against the actions identified from the last visit, with the system receiving positive feedback, commended for its approach to collaborative working, and encouraged to explore all opportunities provided by the Get it Right First Time team.
- **Surgical Robots** - The Black Country Robotic Surgery Steering Group provided a brief update on the use of surgical robots across the Black Country, with steady progress reported across all sites. Operational challenges, service change processes, the development of standard operating procedures, and training programmes are the key areas of focus for the Black Country system in order to maximise the benefits of this new service development.
- **Urology Transformation** – Following the recent engagement with Overview & Scrutiny Committees (OSCs), a public involvement exercise has commenced and will conclude in the middle of May, with findings to be reported back to the Oversight & Scrutiny Committee's and articulated in the draft business case to be reviewed for approval by the Black Country Integrated Care Board Strategic Commissioning Committee in July 2024.

Corporate Improvement Programme

- **Payroll & Procurement** - The Collaborative Executive received a brief progress update on the consolidation of payroll and procurement corporate services, noting the steady progress being made as they transition towards an end state solution. The scoping exercise and draft business case for the Mandatory & Statutory Training initiative is currently being finalised with a view to being presented to the Collaborative Executive in May.

- **Corporate Services Modernisation & Transformation** - The Collaborative Executive received a discussion paper proposing a series of recommendations that would enable a more coordinated and managed delivery of corporate service modernisation and transformation.

It was agreed that a 'strategic vehicle' in the form of a 'Managed Shared Service' be pursued, together with the re-launch of a Corporate Services Modernisation & Transformation Programme Board, aligned with a clear 'brief & scope', leadership arrangements and a transparent engagement plan. These will be developed and discussed for agreement at the May Collaborative Executive meeting.

System Transformation

- **Improvement & Transformation** – The Collaborative Executive were provided an update on the work of partner Trusts to identify the Cost Improvement Plans (CIPs) in advance of the forthcoming Joint Board Development Workshop (JBDW).

Steady progress has been made by all, but a gap still remains and there are some inconsistencies in approach / definitions. The Black Country Provider Collaborative Executive Finance Lead continues to work with all partner Trusts to support and help with opportunities where possible, with a standard template for use at the Joint Board Development Workshop to be shared shortly.

General Business

- **Black Country Provider Collaborative 24 / 25 work-plan** - The Collaborative Executive received an update on the proposed 24/25 work plan together with the support / resource required to enable successful delivery.

The work plan was agreed in 'principle' (with some further work required to finalise key elements to align with the Financial Recovery Plan / Improvement & Transformation work plan) and a budget of £1.65m to support its delivery was also agreed on an equal four partner Trust share basis.

Joint Board Development Workshop – 19th April 2024

The first Joint Board Development Workshop of the financial year was held on Friday 19th April 2024.

Approximately 90 delegates attended from across the four partners Trusts, the Black Country Integrated Care Board, Black Country Healthcare NHS Trust, and the Black Country Primary Care Collaborative.

The objectives of the workshop were:

- Create a mutual understanding of all plans which support delivery of improvement & transformation in 24/25.
- Alignment of our improvement approach with the strategy & governance of each partner organisation.
- An insight and understanding of key collaborative successes and achievements from which we will seek to build our improvement & transformation work.
- An opportunity for all to network widely and learn from other partners.

Delegates heard from the Black Country Provider Collaborative partner Trusts on their plans to support Improvement & Transformation in 2024/25 (as part of the financial recovery efforts), which was followed up with some insights and local experiences of Improvement Leadership, to build capacity, capability and resilience in challenging times, and rounded off by hearing from the three Black Country Provider Collaboratives in how they are positioning to support Improvement & Transformation efforts at scale over a multi-year period.

In reflecting on the day in his closing remarks Sir David Nicholson challenged all delegates to provide specific feedback on partner Trusts plans via their Deputy Chairs, and plans for delivery via their

respective Chief Executive's. This range of feedback will be discussed at the next Joint Provider Committee in May.

Initial delegate feedback has been positive, with an evaluation questionnaire circulated for more formal feedback.

The next Joint Board Development Workshop is scheduled for September for which further details will follow shortly.

Sexual Safety Charter

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system, considering lived experience, the charter recognises that those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work. It identifies that organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. The charter states that we all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

The Trust signed the charter in October 2023, as signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce and as signatories to the charter, we have committed to 10 principles and actions to achieve this. These commitments will apply to everyone in our organisation equally and we have committed to work towards ensuring they are in place by July 2024, to achieve this we have established a sexual safety charter steering group (commenced in November) with key internal stakeholders and an Executive Sponsor (Dr Julian Hobbs). The group has completed a gap analysis to determine Trust position against the 10 charter principles, developing a draft action plan from the gap analysis which has been codesigned with steering group members.

Charity Update

Memory Tree

Our beautiful Memory Tree was unveiled in March. The ornamental, metal tree contains leaves which can be engraved and dedicated in celebration, recognition, or remembrance of patients and staff who have passed away at The Dudley Group.

The tree is funded by the Dudley Group NHS Charity, and has been placed in the centre of the hospital's main walkway, near to the main reception, and is accessible to all visitors, patients, and staff. There is no cost to families and friends of a deceased staff member to have a leaf engraved, this is managed through the head of patient experience Jill Faulkner.

If you know of anyone who would like a leaf dedicated in memory of a patient, their families or friends are able to do so for a donation of £65 to the Trust Charity. Further information can be found on the Trust website.

Easter Egg Appeal

The Dudley Group NHS Charity launched its first Easter egg appeal in February across the Trust for patients to enjoy a chocolate treat over the Easter weekend.

Thanks to the generosity of organisations like; Dudley Lions, The Enterprise Group, Summerhill School, Lloyd's Bank, Puregym and many other members of the local community and supermarkets, for their wonderful contributions. The charity was overwhelmed by the appeals success with over 1,500 Easter eggs donated. These were distributed to all wards in Russells Hall Hospital and to our outpatients sites Corbett and Guest and to our district nursing team at provide to patients in the community.

Superhero Fun Run and Family Fun Day

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

The fun filled event is organised by the Trust charity alongside the children's services team and funds raised on the day are in aid of our children's appeal.

Last year the event raised an incredible £5,000, this year we would like the event to be bigger and better and are asking as many people to attend as possible!

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

It is completely free to attend the family fun day. To participate in the fun run tickets are £10 for an adult and £5 for children under 12.

To sign up please visit the Trust Website and or Charity Hub page or see link here: <https://register.enthuse.com/ps/event/Superhero5kFunRunandFamilyFunDay>

The charity looks forward to seeing everyone with their friends, families, and dogs in your best costumes!

Healthcare Heroes



Danny Taylor recently won our Healthcare Heroes volunteer award. Danny volunteers on the Children's Ward and was nominated by a colleague who told us despite studying full time at college, he is always willing to support the team, bringing smiles and joy to the department's fun days. We heard this year that he dressed up as a giant gingerbread man, touring the corridors and brought fun and laughter to the hospital.



Congratulations to maternity support worker, Heather Bowen who was our recent Healthcare Heroes individual winner. She was nominated by a colleague who has praised her for supporting a patient who suffered with Post Traumatic Stress Disorder after her first birth. She was anxious about returning for her second birth however, Heather had a personalised support plan in place to help her with her birth experience. After the patient's operation she was there to support her and in the words of the patient, Heather made her 'feel human again.'



Well done also to our most recent Healthcare Hero winner pharmacist Scott McMurray. He was nominated by a colleague because during the recent industrial action he went above and beyond to provide services in prescribing essential medications and helping the ward staff in any way possible. They described Scott's dedication, ensuring timely discharges and treatments for all patients and described him as an asset to the team.

Patient Feedback

General Community – Easily accessible and well sign posted. Staff were very reassuring and professional but friendly.

Day Surgery Unit, RH - The staff were amazing, very considerate, informative throughout and understanding towards me.

Own Bed Instead – The member of staff who visits my mom is very polite, she cares for my mum needs, she was very helpful with everything she needs to get back on her feet again.

Ward C5 – Staff were amazing considering how busy they all are. We were never made to feel like anything was a problem and the staff are a credit to all.

Critical Care - All the team from paramedics to post operative care and recovery have been wonderful, caring, very informative and put my mind at rest every step of the way.

The Oak Clinic - The nurses are fantastic. They are very helpful and kind. The doctor is always so caring, couldn't ask for a better service. Extremely kind and explains everything clearly. Excellent service.

Urology - The whole experience was very good and thorough, explained everything clearly and the nurses are amazing.

Stroke Medicine - Excellent service. Explained everything clearly. I can't fault the service I have received from Russells Hall Hospital.

Ambulatory Emergency Care - Prompt, professional care. All the staff that saw me were excellent! Follow up appointment already in place. Thank you all.

Awards



The Healthier Futures Black Country Integrated Care System (ICS) was awarded the Inclusive ICS of the Year Award, for its work with health and care organisations across the system, at the 2023 MIDAS awards.

Our EDI network co-ordinator Laura Cowley, the Trust's network co-ordinator also won EDI Champion of the Year.

Professional development Health Care Support Worker Dorin Willetts received the prestigious national chief nursing officer award for going above and beyond during her service.



Visits and Events

Russells Hall Hospital Anniversary

In May 2024 we celebrate the 40th anniversary of the opening of Russells Hall Hospital. On May 21st 1984 HRH Princess Anne visited Dudley to open our new hospital building and throughout the coming weeks we will be celebrating the thousands of patients, staff, visitors and volunteers who have visited us since.

4 March	Black Country Provider Collaborative Extended Executive
6 March	Regional Roadshow: Planning & Priorities 2024/25 – Midlands & East Regions
7 March	Black Country System Chief Executives and Chief Finance Officers
8 March	Black Country Inclusive Leadership and Accountability Conference
11 March	Get It Right First Time Further Faster – Senior Responsible Officers
12 March	Black Country System Chief Executive Officers
13 March	Black Country Get It Right First Time High Volume Low Complexity Visit
14 March	Dudley Group Public and Private Board of Directors
14 March	Black Country System Chief Executives/Chairs
15 March	Joint Provider Committee
18 March	Integrated Care System Cancer Board
20 March	Black Country and West Birmingham Elective Diagnostic Strategic Board
20 March	Black Country Integrated Care Board Clinical Nurse Specialist and Cancer Services Celebration Event
21 March	Black Country System Improvement Director Interviews
21 March	Dudley Group Remuneration and Nominations Committee
27 March	Midlands Chief Executive Monthly Update Call with Dale Bywater

27 March	Black Country System Financial Recovery Oversight Group
28 March	Dudley Group Finance and Productivity Committee
28 March	Black Country Integrated Care Board Public and Private Board
4 April	Black Country Integrated Care Board Development Session
8 April	Black Country Provider Collaborative Executive
8 April	Freedom to Speak Up Steering Group
11 April	Dudley Group Private Board of Directors
15 April	Integrated Care System Cancer Board
15 April	Dudley Group Charity Committee
17 April	Black Country Quarterly System Review
18 April	Joint Bi-monthly Collaborative – Black Country Provider Collaborative/Mental Health/Primary Care Collaborative
19 April	Black Country Joint Board Development Workshop
23 April	Sandwell and West Birmingham Trust Leaders Conference
23 April	Black Country System Chief Executives
24 April	Midlands Chief Executive Monthly Update Call with Dale Bywater
24 April	Black Country Elective and Diagnostic Strategic Board
25 April	Dudley Group Finance and Productivity Committee
26 April	Dudley Group Leaders Conference
30 April	Regional Access Board

Email: d.wake@nhs.net

To: • Diane Wake
• Chief Executive
• The Dudley Group NHS
Foundation Trust

Wellington House
133-155 Waterloo Road
London
SE1 8UG

14 April 2024

Dear Diane,

Local 4 hour performance exceeding 76% across March 2024

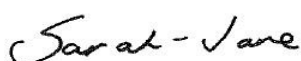
I want to say a huge heartfelt thank you to you, your teams and your partners that supported the drive towards the national ambition that at least 76% of your patients in ED attendance were admitted, transferred, or discharged within 4 hours by the end of last year, providing timely access to care for the population you serve.

I know this has required significant focus and dedication, including increasing bed capacity within hospitals and expanding same day emergency care, changing ways of working with a greater focus on streaming, re-direction, direct access and clinical decision-making, and working with system partners to support the expansion and consistent utilisation of urgent treatment centres, virtual wards and urgent community response, as well as transfer of care hubs.

I have visited many organisations since I commenced in my national role, and I am very aware that much of this achievement has occurred as a result of the incredible drive and determination from everyone across the emergency care pathway. A key focus for the year ahead is to work to put this improvement on a sustainable footing, whilst continuing to deliver on the wider ambitions of the [Urgent and Emergency Care Recovery Plan](#).

Thank you again for your hard work, and when you are thanking your teams in your own unique ways, please ensure mine are added. I see beyond the numbers into the experiences of the patients you have treated, when care and compassion are what matter most.

The year ahead will inevitably be more challenging, I look forward to working with you and supporting in any way I can.



Sarah-Jane Marsh
National Director of Integrated Urgent and Emergency Care and Deputy Chief
Operating Officer NHS England

Paper for submission to the Full Council of Governors on 20th June 2024

Report title	Chairs update - Board of Directors meeting (public session) held May 2024
Sponsoring executive / presenter	Sir David Nicholson, Chair
Report author	Helen Board, Board Secretary






1. Suggested discussion points

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 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
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3. Report journey

Council of Governors 20/06/24

4. Recommendation(s)

The Council of Governors is asked to:

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

5. Impact

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

CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: 9th May 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> Financial situation at month 12 (Jan 24) after technical changes the March cumulative position was at £6.807m surplus. This position was £2.388m better than the updated phased plan submitted to NHSE. The System has been funded for industrial action costs and received non-recurrent cash funding of £68.8m. The System therefore was required to achieve a position of a £21.2m deficit (being the £90m deficit position in December less the £68.8m non-recurrent funding). Noted financial challenges associated with 2024/25 and beyond. Mandatory training had decreased slightly to 92.37%. Compliancy concerns with specific modules (Safeguarding and Resus) were noted, hotspot areas would be reviewed. The rolling twelve-month absence rate had slightly increased to 5.02% in February. Bank costs were particularly high in March, notably across Nursing (qualified and unqualified) and Scientific/Therapeutic staff. Plans are underway to drive a reduction in bank costs for 2024/25. Concern remains around the performance of the Black Country Pathology Service and the redesign of ED project, where there were system challenges. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> Joint Provider Committee report noted progress with an update from the Black County Provider Collaborative CEO Lead on progress against the range of activities being progressed in delivering the agreed work plan.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> Patient Story – Mako Robot installed to undertake Robotic Arthroplasty (knee and hip replacement) and heard from a patient who had experienced a positive outcome with reduced recovery time The meeting was joined by a Youth Worker to update the Board on the role and the positive impact it was having on patients with long-term or chronic conditions aged between 13 and 25. Trust performance against national standards and local recovery plans performing well overall with an expectation to deliver all within required timeframes. Noting that Cancer service performance was 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> The board endorsed the first combined Chief Nurse and Medical Director Report, focussing on the quality metrics and following an advise, assure and alert format Approved the Workforce Race Equality Standard (WRES) data summary for submission to NHS England and Note the work ongoing to complete publication to the Trust's external website by 31st October 2024 Approved the Workforce Disability Equality Standard (WDES) data summary for submission to NHS England and noted the work

performing extremely well and delivering above all standards with very few patients waiting over 62 and 104 days for cancer treatment.

- Cost Improvement Programme for 2023/24 was now closed having delivered a year-end total of £27.05m against a year-end plan of £26.23m. This resulted in a final over-delivery of £850k.
- Accept the assurance reported in the Maternity and Neonatal Dashboard on progress made with the three-year delivery plan and the assurance on the initial position with the Maternity Incentive Scheme (MIS) year six plan for compliance.
- Paediatric Audiology Report received as assurance as Board noted that the Audiology Service is not yet Improving Quality in Physiological Services (IQIPS) accreditation but is working towards this. An external review of the service identified no significant concerns. The areas that were identified for action have been addressed since the review took place.
- The 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) 100.66 and the Hospital Standardised Mortality Ratio (HSMR) 85.95 have both continued to fall

ongoing to complete publication to the Trust’s external website by 31st October 2024

- 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.

Chair’s comments on the effectiveness of the meeting
 Meeting held face to face for the first time in Community setting at Brierley Hill Health and Social Care Centre was well attended trust governors, foundation trust members and members of the public. Good debate related to the financial challenges faced by the Trust and the System for 2024/25 and the years that follow.

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report title	Integrated Performance Report for March 2024
Sponsoring executive/ presenter	Karen Kelly, Chief Operating Officer Deborah Pook, Deputy Chief Operating Officer
Report authors	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.

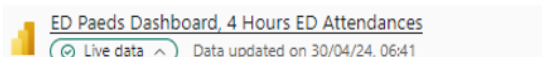
1. Suggested discussion points
<p>This report summarises the Trust's performance against the national standards and local recovery plans for the month of March 2024 (February 2024 for Cancer and VTE).</p> <p>The Council of Governors is asked to note performance and next steps against the below national standards.</p> <p><u>Emergency Performance</u></p> <p>This month ED performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.</p> <p>In order to improve performance, the trust tri to tri conducted a best practice review of CQC evidence papers and decided upon a suite of initiatives to roll out with the department.</p> <p>These included:-</p> <ul style="list-style-type: none"> • GP letter patients straight to SDEC/Surgical SDEC. • Ascertain the small cohort of patients sending patients straight to ED rather than the Hub. • Agree new streaming template with Urgent Care Centre for patients with letters to go direct to Speciality. • Develop an alert to inform that patients have a High Intensity User note. • Re-run of heat mapping exercise for nurses and medics in ED. • Application to central fund for extra medic in ED overnight (TBC - still outstanding - dependent on fund). • Refocus on RAT model. • 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. • Improve Validation processes. • Extra Validation resource. <p>This improvement has persisted, and improved further into mid-April - all things being equal the trust will hopefully push close to 80% in April.</p> <p>All teams in ED deserve praise for these special efforts at improvement. We have found that improving the performance is only half the battle; quantification, and validation over extended periods of time, is equally as important.</p> <p>The division would like to place on record its thanks to Anna Cheslin and Rachel Shaw, both of whom came in over the bank holiday weekend, to ensure that we maximized our validation position.</p>

ED Paediatrics (responding to action 24/019 board meeting pvte)

During March 2024 – Against an attendance of 2115 - on average 89% of paediatric patients were seen under 4 hours.

4 Hours ED Attendances

DateArrived	Attendances	Seen Under 4 hours	% Seen Under 4 Hours
01/03/2024	75	58	77%
02/03/2024	55	50	91%
03/03/2024	69	66	96%
04/03/2024	81	68	84%
05/03/2024	71	63	89%
06/03/2024	85	73	86%
07/03/2024	88	74	84%
08/03/2024	59	58	98%
09/03/2024	62	58	94%
10/03/2024	58	50	86%
11/03/2024	89	86	97%
12/03/2024	73	64	88%
13/03/2024	82	74	90%
14/03/2024	71	61	86%
15/03/2024	90	75	83%
16/03/2024	70	62	89%
17/03/2024	74	65	88%
18/03/2024	74	73	99%
19/03/2024	81	74	91%
20/03/2024	81	76	94%
21/03/2024	78	65	83%
22/03/2024	67	58	87%
23/03/2024	39	39	100%
24/03/2024	67	44	66%
25/03/2024	59	51	86%
26/03/2024	49	48	98%
27/03/2024	47	45	96%
28/03/2024	58	53	91%
29/03/2024	51	47	92%
30/03/2024	54	51	94%
31/03/2024	58	55	95%
Total	2115	1884	89%



Cancer Performance

The 28 day Faster Diagnostic Standard (FDS) achieved 87.6% (February validated) against the constitutional standard of 75%. NHSE have revised this target to 77% by March 2025.

31-day combined decision to treat performance achieved 89.8% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 67.7% in February against a national target of 85%. NHSE have revised this target to 70% by March 2025.

DM01 Performance (diagnostics)

March's DM01 performance shows overachievement at 91.33% against an ICB/NHSE trajectory of 88.15%.

Elective Restoration & Recovery

National focus remains on reducing long waits to routine treatment. The Trust continues to provide mutual aid to other Trusts within the Black Country to support a system-wide reduction in the elective backlog mainly in Urology and ENT, with particular focus on assisting partner Trusts with treating patients at 78+ weeks wait.

Post Validation RTT Incompletes >78 week trend:- In March 2024 - 3 patients breached – actions in place.






- The final position was 2 breaches. Following validation, the medical division clock stopped one of the neurology patients.
- The gastro patient attended the first part of her SeCHAT investigation. This patient will be a clock-stop by the end of April. As the licence for this investigation (nuclear med) only covers a limited number of procedures per month, the gastro team are putting plans in place to ensure that long waiters are prioritised, and that all DNAs are picked up and tracked.
- Neurology have extended their contract with Mediservices to support their diagnostic backlog. Long waiters are being tracked to ensure that they are able to have their diagnostics completed in a timely manner.

Post Validation RTT Incompletes >65 week trend:- As of 27.3.24 - 335 patients waiting.

- The final validated position for the end of March was 314. We are working with the ICB to identify and validate the differences in our cohorts.
- The final position was 184 pathways ahead of our trajectory, as shared with the ICB and NHSE. Our challenged specialties continue to be general surgery, pain management, ENT, neurology and gynaecology. The effort that all of these specialties put into driving towards the 65 week standard was fantastic, and all of them closed the year ahead of trajectory.

RTT 65 week trajectory 1st Outpatient Appointment:- As of 28.3.24 – 47 patients waiting 1st outpatient appointment.

- The final position at the end of March was only 8 patients. This was not reflected in the ICB reported position, as the clinic outcomes for the patients seen on the last weekend of the month would not have been updated until the following week.

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

Report journey							
Finance and Productivity Committee on the 25 April 2024. Public Board of Directors Meeting – 9 May 2024 Full Council of Governors Meeting – 20 June 2024							
Recommendation							
The Council of Governors is asked to:							
a.	Receive the report as assurance of Trust performance						
Impact							
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment					
Corporate Risk Register	Y	Various linked to performance and quality					
Equality Impact Assessment	Is this required?	Y		N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	n	If 'Y' date completed	

Summary: Key Areas of Concern

This month ED performance increased from February 73.8% to March 78.7%, meaning the trust exceeded the 76% target mandated for March. This is the highest performance in a year.

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

Majors triage saw an increase in performance for this month, and as staffing shortages at the front door have improved slightly this month, we have been able to improve waiting times for triage. Both are still showing as special cause improvement and are being actively monitored by Nurse In Charge & Deputy Matrons.

Ambulance triage has seen a positive and increase in performance over the past several months. As roles and responsibility of the ED trackers assigned to ambulances along with RAT, this has improved communication and flow into cubicles.

Paediatrics triage remained stable this month despite the challenges around increased attendances and workforce shortages.

Minors has stayed similar, and the new workforce trial is due to commence on Monday 25th March. This will include having an ACP based in minors between 10:00 – 22:00. This will allow for a wider range of injuries to be seen and treated in minors and reduce workload for front triage.

Triage nurses have been appointed and have now commenced in post which we think should impact the minor's performance.

Cancer (Data to February)

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.

The 28 day Faster Diagnostic Standards (FDS) achieved 87.6% (February validated) against the constitutional standard of 75%.

31-day combined decision to treat performance achieved 89.8% against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 67.7% in February against a national target of 85%. NHSE have revised this target to 70% by March 2025. The total number of patients waiting over 62 days is meeting the ICB/NHSE trajectory submitted earlier this year; there are total of 53 patients on the backlog currently.

There is also robust monitoring of patients over 104 days, reported externally for any potential harm reviews. The total number of patients over 104 days remain in the region of 19, of these 9 have treatment plans. Several of the patients waiting over 104 days are late tertiary referrals.

DM01

March DM01 performance shows overachievement at 91.33% against an ICB/NHSE trajectory of 88.15%. Non-Obstetric Ultrasound (NOUS) achieved a performance of 93.77% in March compared to 95.95% in February. Cardiology has shown further improvement with performance of 91.89% which is due to additional CDC capacity for Echo. Cardiac MRI is seeing an increase in patients

waiting over 6 weeks and this is mainly attributed to capacity constraints. Options to address capacity challenges include request for system mutual aid.

The number of patients waiting over 6 weeks for NOUS has increased during March to 228. This is due to challenges with resources for ENT, paediatric and specialist consultant scans. SWBH, RWT & WHT have been approached for NOUS support for ENT however there is currently no capacity. Additional lists put in place to address backlog. Overall Endoscopy DM01 performance achieved 92.68% in March showing a significant improvement compared to February 82.09%.

Overall DM01 NHSE target of 85% by the end of March 2024 has achieved.

13-week diagnostic breaches are monitored weekly by NHSE. By modality MRI and NOUS are currently experiencing capacity challenges and this is an area of focus. Recovery plans are in development to reduce to zero.

Elective Restoration & Recovery

The national focus continues to be on the reduction of long waits, and this is something that we continue to perform well with as a Trust. We continue to ensure that there are no patients waiting over 78 weeks for treatment and although we are not able to meet the end of March 2024 timescale set for the clearance of 65 weeks, we are aiming to comply with the plan to have cleared them by the end of quarter 1. At present we are ahead of trajectory.

Elective Recovery Programme Performance Report – Regional Midlands 05.04.24

Black Country ICB Performance Summary to Weekending 31.3.24: -

		Elective Recovery Performance Summary														
Region	104+	78w+	65ww+	>39ww Cohort (Sep 2024 65ww)		52w+	Total List	<18ww performance		Cancer 62d						
				w-e 31 Mar 24(un-published)												
MIDLANDS	7	▼	299	▼	6,953	▼	178,392	▼	53,640	▲	1,272,063	▲	52.9%	▼	2,909	▼
BIRMINGHAM AND SOLIHULL ICB	1	▲	1	▼	146	▼	26,965	▼	7,561	▲	163,819	▲	48.6%	▼	328	▲
COVENTRY AND WARWICKSHIRE ICB	3	▲	6	▼	486	▼	15,183	▼	4,035	▲	118,167	▲	52.1%	▼	278	▼
HEREFORDSHIRE AND WORCESTERSHIRE ICB	0	▼	38	▼	755	▼	10,539	▼	3,779	▲	85,967	▲	53.1%	▼	201	▼
DERBY AND DERBYSHIRE ICB	1	▼	87	▼	1,294	▼	21,612	▼	7,010	▲	136,156	▲	51.3%	▼	310	▲
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	1	▲	24	▼	277	▼	11,017	▼	2,678	▼	107,077	▼	56.6%	▼	236	▼
LINCOLNSHIRE ICB	0	▶	6	▼	362	▼	11,409	▼	3,418	▲	71,343	▲	48.7%	▼	207	▲
NORTHAMPTONSHIRE ICB	0	▶	24	▼	391	▼	7,195	▼	2,067	▲	71,092	▼	61.4%	▼	209	▲
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	0	▼	16	▼	572	▼	16,323	▼	5,134	▲	138,285	▲	58.1%	▼	373	▲
SHROPSHIRE, TELFORD AND WREKIN ICB	0	▶	9	▼	597	▼	10,015	▼	4,009	▲	53,300	▲	49.9%	▼	197	▲
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	1	▶	79	▼	867	▼	14,685	▼	5,182	▲	80,573	▲	49.1%	▼	222	▼
BLACK COUNTRY ICB	0	▼	9	▼	1,206	▼	33,449	▼	8,767	▲	246,284	▲	53.2%	▼	348	▼

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

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.

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

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

1. Suggested discussion points

Over the last month work has continue at pace and a large amount of work has been undertaken by all teams to ensure plans were implemented to ensure a safe transfer of services for the 1st July, 2024. The information requests from NHSE England and Department of Health were provided promptly. We have produced our day 1 plan and our post transaction implementation Plan, which are enclosed for information, these have already been provided to NHS England for assurance.

It was confirmed on 21st May 2024 that the NHS England Regional Support Group approved the transition of services and dissolution of the trust for onwards progression to for Secretary of State approval.

However, the announcement of a General Election has introduced risk and uncertainty to the programme. It is confirmed that a service transfer and trust dissolution date of July 1st is now not possible. NHSE are identifying policy options, which are being tested. Options may include a phased approach to service transfer or a full delay. No outcome has been confirmed at the point of writing.

For the Trust we are continuing to progress plans for transfer and engagement with staff and are looking to work as much as possible in shadow form and how we had planned to from the 1st July without the formalities.

2. Alignment to our Vision

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

The Day 1 mobilisation plan was endorsed by the Executive Team and Integration Committee on 14th May 2024.
The Day 1 mobilisation plan and the Post Transfer Implementation Plan went to the Board of Directors meeting on 13th June 2024.
Full Council of Governors Meeting – 20 June 2024 and online.

4. Recommendation(s)

The Council of Governors is asked to:

a. Note the update

5 Impact							
Board Assurance Framework Risk 3.0	X	Improve and sustain staff satisfaction and morale					
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Corporate Risk Register		<i>[Give risk Nos]</i>					
Equality Impact Assessment	Is this required?	Y	Y	N	x	If 'Y' date completed	This has been completed jointly through the ICB process
Quality Impact Assessment	Is this required?	Y	Y	N	x	If 'Y' date completed	This has been completed jointly through the ICB process

Dudley Integrated Health and Care NHS Trust service transition to Dudley Group NHS Foundation Trust

Post Transfer Implementation Plan (PTIP) v0.2 – 4 June 2024

Purpose

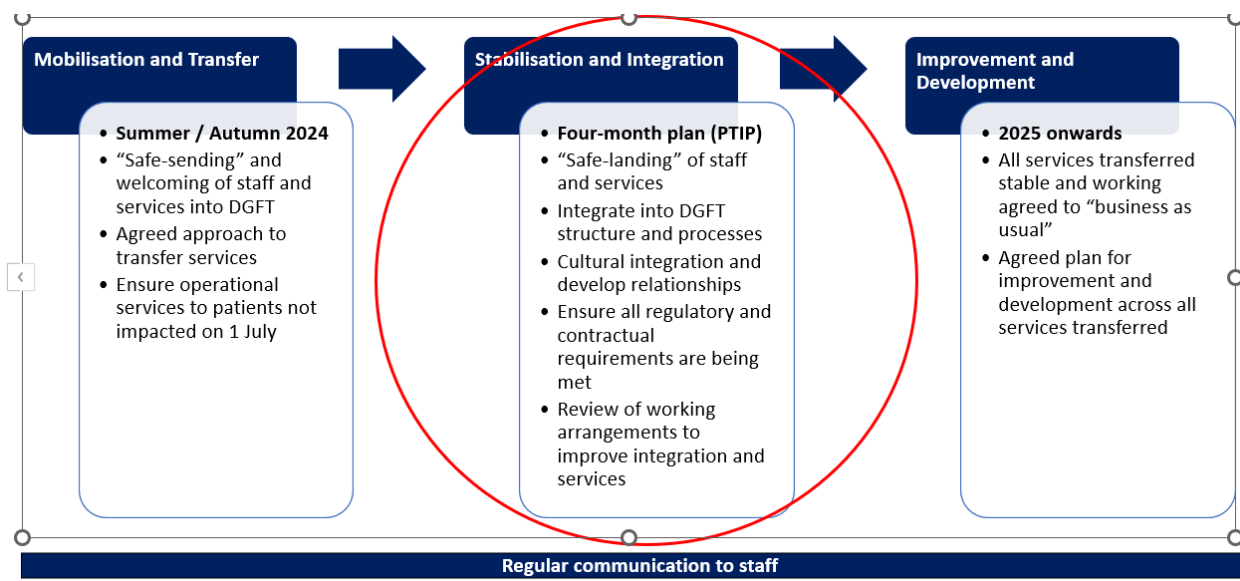
This is the Post Transfer Implementation Plan (PTIP) to stabilise and integrate services transferring to Dudley Group NHS Foundation Trust (DGFT) from Dudley Integrated Health and Care NHS Trust (DIHC). DGFT will hold a contract with the ICB for the delivery of a range of Out of Hospital Services including:

- High Oak Surgery
- Chapel Street Surgery
- ARRS (Additional Roles Reimbursement Scheme) Brierley Hill and Amblecote
- ARRS Dudley and Netherton
- ARRS Halesowen
- Extended Access Hub / ARI hub
- Enhanced Health in Care Homes

A number of commissioning responsibilities i.e. former CCG (Clinical commissioning groups) functions are transferring:

- Commissioning & Primary Care Commissioning/ Development
- NHS Continuing Healthcare Assessment & Intermediate Care (function not budget)
- Children’s Continuing care Assessment & Commissioning
- Medicines Management
- Pharmaceutical Public Health
- Primary Care Research
- Special Allocations Scheme
- Quality & Safety including Safeguarding
- Finance & contracting
- Communications & Involvement.

A three-phase approach is being implemented to manage the “safe-sending”, “safe-landing” and improvement of services transferring from DIHC to DGFT. This plan focuses on stabilisation and integration through an agreed PTIP.



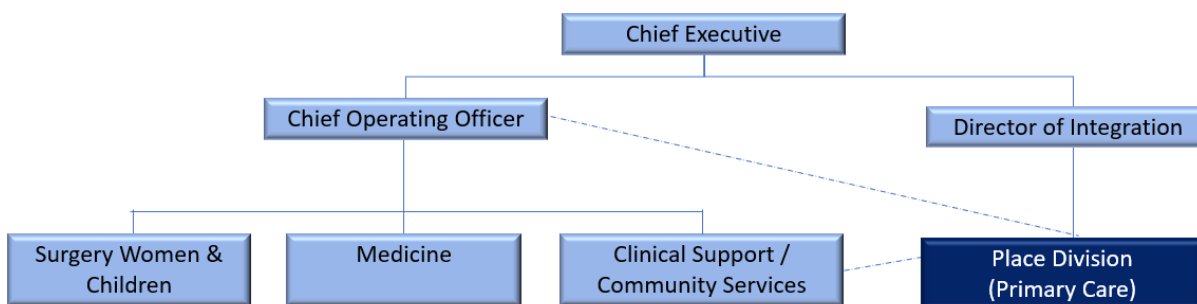
The plan is based upon realistic timeframes within approx. four-month PTIP. The plan is organised into eight themes, with regard to NHS England guidance - “assuring and supporting complex change, statutory transactions, including mergers and acquisitions – appendix 3: submission guidance”.

Integration Delivery	Communication & Engagement	Cultural Integration & Development	Corporate Services Integration	Finance	Quality & Patient Benefits	Service Improvement & Development	Legacy Arrangements
<ul style="list-style-type: none"> Project team to manage PTIP Regular reporting to ICB Post Transition Oversight Committee and DGFT Integration committee Identify risks and allocate owners Implement required governance, reporting and meeting structure to manage services against all contractual, system, regional and national requirements 	<ul style="list-style-type: none"> Regular communication and events staff to meet new colleagues “Check in” and listen to staff experiences of transfer Website, social media and all communication channels reviewed Engagement events with the wider place colleagues and patients to update them on changes and seek their views on services 	<ul style="list-style-type: none"> Develop Division culture and identity aligned to wider Trust and place colleagues including primary care representatives Workshops will be organised with staff to outline how all staff will contribute the DGFT and Dudley Health & Care Partnership. Service “spot-light” and “Lunch and learn” events to promote awareness of services 	<ul style="list-style-type: none"> Harmonisation of Policy and Procedures Complete post transfer assessment of digital arrangements Ensure services previously provided by contractors are established within DGFT corporate functions Embed new financial system and operating procedures Clear access points and relationship between new Division and Corporate Services 	<ul style="list-style-type: none"> The financial model will be reviewed by the management team in advance of budget setting for 2024/25 as part of DGFT standard budget setting process. 	<ul style="list-style-type: none"> Clear plans for managing quality Embed new clinical governance system for incident management and operating procedures Reviewing benefits realisation 	<ul style="list-style-type: none"> Implementation of identified improvements through due diligence and/or in-flight improvements planned pre-transfer. Review of services against performance indicators, feedback from staff and patients to determine priorities into 24/25 improvement Agreed improvement & development plan for the next 12 months aligned to Trust-wide strategies and business plan 	<ul style="list-style-type: none"> Agreed plan and identified resources to support ICB with DIHC legacy arrangements

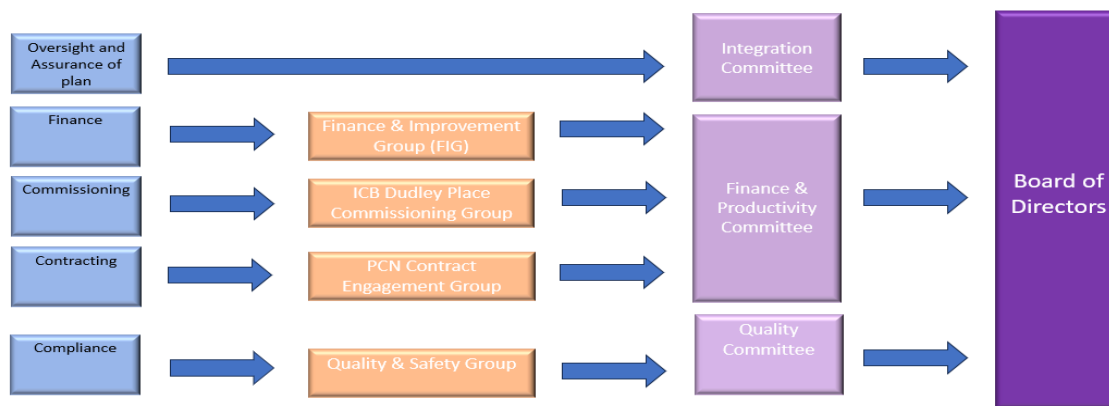
Integration Delivery

Structure, governance and roles

A new division has been created within DGFT – “Place Division” for all services transferred from DIHC. A new management structure has been developed with TUPE’d staff from DIHC with a Director of Integration, leading the division, reporting to the DGFT Trust CEO.



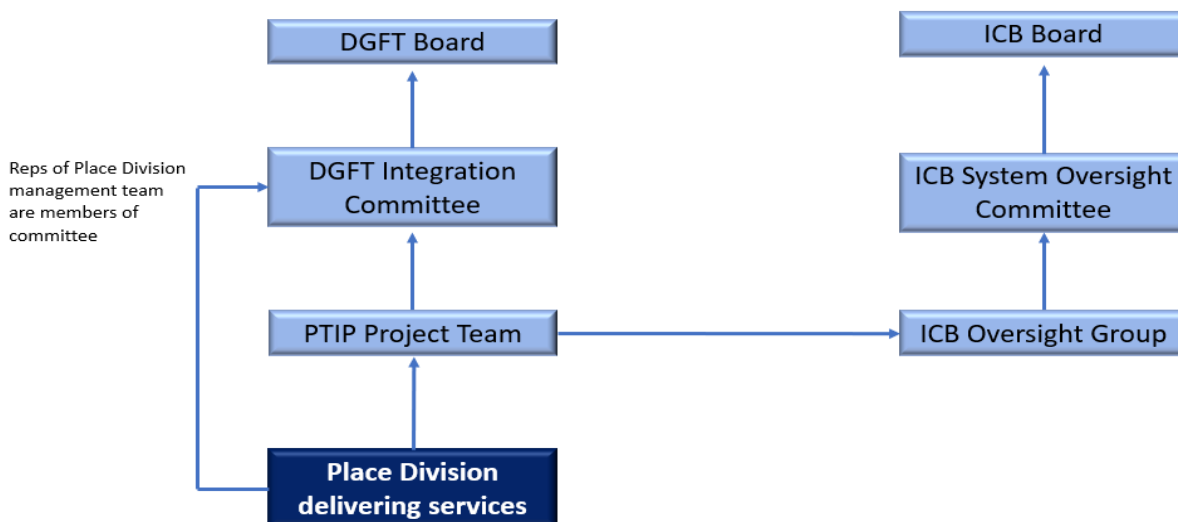
Management information will be prepared for each service on a regular frequency to capture all contractual, system, regional and national requirements. A Division Management Team will review and manage performance, identify areas of best practice and address any areas of concern and provide assurance through DGFT governance and committee structure.



A PTIP Project Team, led by the Director of Integration, with representation from the new management team and corporate services is being established to lead the stabilisation and integration plan:

- Within DGFT, the project team will report to Integration Committee which in turn will report to DGFT Board as shown above.
- As part of ICB assurance for the transition, progress will be reported into a new group of the ICB – “ICB Oversight Group” to monitor delivery of the PTIP on behalf of the ICB System Oversight Committee.

In addition, the ICB will contract manage the services commissioned from DGFT from the ICB through the “Goods and services” contract. The Dudley Health and Care Partnership will be accountable through the ICB Dudley Managing Director to the ICB & Local Authority joint Integrated Commissioning Committee. Quarterly meetings will be held between the Partnership and representatives of the ICC to manage the relationship.



The benefits of the proposed transaction are summarised into three areas:

Integrated working

- Taking on the commissioning functions transferred from the ICB to prepare the Trust to take on the Lead Provider responsibilities from April 2025,
- To maximise the potential of integrated working,
- Opportunity to commission care across the whole pathway and develop more options for out of hospital care,
- Increased visibility and understanding of pathways between partners.

Primary care development

- Ensures continuity of support to High Oak and Chapel Street practices that might otherwise be vulnerable,
- Provide a model from which to offer resilience to primary care through acquisition of practices by the Trust,
- To support the development and resilience of primary care networks (PCNs),
- GP practices managed by DGFT provide a learning environment from which to develop new models of care.

Workforce/ organisational development

- An innovative workforce model enabling professionals to move between primary and secondary care,
- To enable students to train across the continuum of primary and secondary care,
- Enable a better understanding of the entire health system inform the Trust's decision-making.

A post transfer assessment of compliance will be completed for all legal and regulatory requirements. HR policies and procedures have been reviewed to identify the key differences across organisations however DIHC are transferring to DGFT on their existing DIHC policy and procedures. HR action for PTIP is to develop a roadmap for harmonisation of policy and procedures based on a prioritisation exercise and then engage with staff and their representative bodies as required.

Implementation timeline

All themes have an identified Executive / Management sponsor accountable for delivery and lead officer responsible for completion of all required actions.

The key outcome for the PTIP is the safe landing of services and that services are stable and integrated into DGFT within the four-month period. At the end of the four-month period, services should be operating in a "business as usual" state.

The ongoing improvement of services delivered by the Place Division will be part of the Division's business plan as part of DGFT's overall business plan. This approach is designed to ensure focus on delivery with clear deliverables for the end of the PTIP and give clear messages to all staff on what is expected. The actions within the PTIP will be prioritised for completion based on the action, the risk and associated benefits.

Risk management

Alongside the PTIP, a risk register will be established and owned by the PTIP project group in line with DGFT risk management policy.

Communication & Engagement

A communication and engagement plan for staff has been developed focused on relationship building and awareness raising, including:

- Regular updates to staff through In the Know email newsletter and via the corporate intranet
- Regular team meetings
- Staff check-ins

All stakeholders and partners will be kept informed through DGFT website and social media channels following a review to integrate channels across DIHC and DGFT. Specific stakeholder updates will be issued during the PTIP to keep local elected members and partners informed of plans to stabilise and integrate staff into DGFT post the dissolution of DIHC.

A specific communication and engagement plan will be developed for the Health & Care Partnership with a roadshow across partners and public to showcase the vision and work of the partnership and how the vision of DIHC is now integrated within the partnership. This will include attending public and patient events to discuss services, the teams and organisations across Dudley, who is responsible for what and seeking public and patient contributions to service improvement.

Cultural Integration & Development

The new Place Division structure has been developed to deliver the objectives and contractual requirements of the services transferring into DGFT. A Director of Integration and Deputy Director of Integration have been appointed to lead the new division and have identified change management resources from within the team to manage the delivery of the PTIP and form the PTIP project team.

Specific management workshops will be organised for the new Division management team to support their role as leaders in developing the culture of the new Division.

DGFT have a defined vision to offer “Excellent health care, improved health for all” underpinned by a series of values. DGFT are one of the partners of Dudley Health and Care Partnership that has a mission of “community where possible, hospital where necessary.”

All staff within the new Place Division will be DGFT employees and work to DGFT vision but as with all DGFT employees, and as they were as DIHC employees, they are also part of the Dudley Health and Care Partnership. One of the teams within the new Division, delivering commissioning and development will specifically be responsible for the development of the partnership and delivery of their work programme.

Workshops will be organised with staff to outline these vision and values and how all staff will contribute the organisation. A specific discussion will be organised for staff to seek their feedback and identify lessons learnt from the transition process.

The Place Division while bringing together teams from the same organisation will also need to define its place across the organisation. Workshops, surveys and team meetings will also include the opportunity for suggestions for improvement and suggestions for how the division work for the management team to create the division “to be a brilliant place to work and thrive” in line with DGFT goals.

The new Division is a core part to the delivery of improving services to citizens and patients across Dudley through the Dudley Health & Care Partnership:

- “Spot light” opportunities will be organised for services across the new division to showcase their work to DGFT leaders and managers.
- Part of our communication and engagement plan will be regular communication about DGFT for all staff to learn more about the organisation
- Management group “live chat” to offer opportunities for staff to engage directly with the senior management team.

Staff appraisal processes, while similar, work on different timetables and it is proposed to align all staff transferring from DIHC to DGFT timetable by April 2025 so all staff appraisals align to organisational vision and values but also the priorities of the Place Division.

Regular surveys will be organised to check in with staff to assess how they are finding the new division, any concerns or areas for change.

Change Management

The change programme to deliver is the “cultural integration” of services from a standalone small trust into a wider hospital trust with a significantly larger infrastructure.

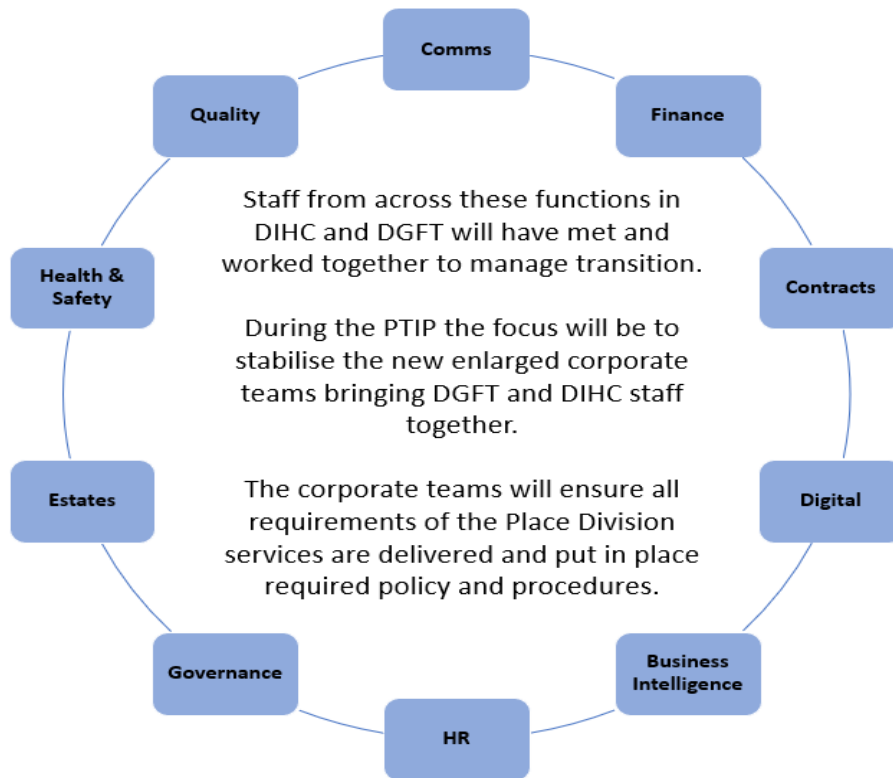
During the PTIP the focus will be on building relationships within the new Division, across DGFT and wider place stakeholders including primary care. Specific governance arrangements will be embedded to support engagement with primary care.

At the end of the PTIP the board and management of DGFT will have a better understanding of the services transferred into the Place Division, the challenges, the opportunities and risk. DGFT

will be in a stronger place to support and enable those services to grow and thrive which will be defined through the Division Business Plan for 2025.

Corporate Services Integration

Clear access points and relationship between new Division and Corporate Services will be defined and communicated to all staff, including details of those services previously delivered by contract and/or out-sourced arrangements within DIHC. For those services previously provided by contractors it will be specifically communicated how the functions are established within DGFT corporate functions.



All corporate policies and procedures will be reviewed to identify the key differences across organisations and the priority action for PTIP is to develop a roadmap for harmonisation of policy and procedures based on a prioritisation exercise and then engage with staff as required.

Digital Integration

DIHC digital services were provided by a blended team of contract and employed staff members. The contract members will cease their role around the point of transfer on 1 July and the employed staff TUPE into DGFT to form part of DGFT Digital team. Some of the services were also part of a contract to DGFT giving the existing team a good baseline knowledge of the services.

Systems, data and files will be transferred as part of the mobilisation for day one including also the change to new incident reporting and financial management systems. This will be delivered by existing resources to provide initial training for day one. In the PTIP it will be expected that these system changes are embedded, staff supported to develop their skills and knowledge of the systems and the required management information is produced. In addition, a contract has been agreed for business intelligence support to continue to provided to support a smooth transition pending a review to determine the optimum solution for the following financial year in 2025/26.

The Digital Team will complete a digital review of the services transferring to identify any areas of improvement, further integration and any potential savings as well identify any required data cleansing.

DIHC already have embedded the use of manager self-service on ESR to manage HR processes

which is still being implemented across DGFT. The new division will be used a pilot to help DGFT colleagues develop and test their ESR process to enable this to be rolled out across the whole organisation.

All review of all corporate policies and procedures has commended to identify the key differences across organisations and the priority action for PTIP is to develop a roadmap for harmonisation of policy and procedures based on a prioritisation exercise and then engage with staff as required.

Finance

The financial due diligence identified no significant concerns. There are a substantial number of staff and posts transferring as part of the TUPE process and overall transaction which allows DGFT to undertake its new responsibilities through the new Place Division.

A financial model has been agreed for the transferring services to DGFT and developed into a budget for the new Place Division in line with required system savings to meet the financial recovery plan. During the PTIP the financial model will be reviewed by the management team in advance of budget setting for 2024/25 as part of DGFT standard budget setting process.

A benefits plan is drafted for the new Division and the services transferring from DGFT however these are non-financial cashless benefits at this stage. Financial controls, policies and procedures will be reviewed to identify the key differences across organisations and Finance action for PTIP is to develop a roadmap for harmonisation of policy and procedures based on a prioritisation exercise and then engage with staff as required.

Quality & Patient Benefits

Patient and wider benefits

The transfer of services is based upon no material impact and changes to services from their current operating model and a new division has been created within DGFT to receive services from DIHC that retains existing staff skills and expertise.

The dissolution of DIHC and transfer out of all services to receiving organisations, including to DGFT, is based upon the principle of “equal or better” as agreed by all receiving organisations involved in the dissolution. There are no plans for service reconfigurations that would require stakeholder consultation nor is the integration dependent upon the identification of additional funding.

A benefits realisation plan has been prepared for the transfer of the services that support and complement the ICB Operating Model with services hosted in place and developed through local partnerships, which in Dudley is the Health & Care Partnership.. The ICB Operating Model includes strengthening place, both through the establishment of Integrated Commissioning Committees between the ICB and the Local Authorities, and the creation of Place Partnerships as delivery vehicles involving all local organisations.

As well as delivering specific services across Dudley place, DIHC vision was to achieve “hospital where necessary and community where possible”. To contribute to this vision DIHC developed strategies and work plans to reduce health inequalities and promote equality and diversity. These strategies and work plans are integrated into the priorities of Dudley Place Based Partnership known as Dudley Health and Care Partnership.

The ICB Transition Oversight group will be comprised of system partners including all recipient organisations of DIHC staff – Black Country Integrated Care Board (BCICB), Black Country Healthcare NHS Trust (BCH), DGFT and a representative of the 3 Dudley Primary Care Networks who have organised locally their employment of their Additional Role Reimbursement Scheme (ARRS) staff to ensure a continuing system role in the delivery of the PTIP and required integration.

Quality risks

Quality Impact Assessments (QIAs) were completed & approved by the ICB by the end of December 2023 for services transferring from DIHC including those to DIHC and work continued to develop and populate an action plan including an initial assessment of which actions require completion before or after transfer. The outstanding actions will form part of the PTIP to ensure delivery.

Due diligence was completed across all aspects of DIHC service delivery and organisational governance including quality and safety. Any outstanding actions from this due diligence will be included in the action plan. The clinical due diligence included quality and safety issues and highlighted work to do in relation to understanding the service delivery models, pathways and meeting the needs of the wider population, including further work to do around understanding service metrics including waiting times for access. Relevant actions will be included within the PTIP.

Quality policies and procedures will be reviewed to identify the key differences across organisations and Governance action for PTIP is to develop a roadmap for harmonisation of policy and procedures based on a prioritisation exercise and then engage with staff as required as part of a specific Quality Assurance Framework for the new Division.

Service Improvement & Development

During the PTIP identified improvements through due diligence and/or in-flight improvements planned pre-transfer will be concluded before a review of services against performance indicators, feedback from staff and patients to determine priorities into 2024/25 improvement.

This will define an improvement & development plan for the next 12 months aligned to Trust-wide strategies and business plan once the PTIP actions are concluded and/or continued into the improvement & development plan.

During the PTIP phase DGFT will also be undertaking a strategy refresh and developing its clinical services plan which will be finalised and signed off by March 2025 at the latest. The new Place division will be involved and inputting into this to ensure long term service improvements and 'hospital where necessary and community where possible' principle is embedded and built into these key documents and plans.

Legacy Arrangements

As part of the legacy arrangements and ICB being the appointed legacy organisation, DGFT will support delivery of an agreed plan by providing identified resources through a "mutual aid" arrangement.

Action Plan

The below action plan summarises all the actions outlined throughout the PTIP that will be managed by the PTIP Project Group:

PTIP Theme	What do we aim to achieve? (Objectives)	What will we do? (Deliverables)	Who will lead it? (Management sponsor)	Who will deliver & manage? (Lead officer)	When will it be complete? (Timeframe)
Integration Delivery	Services receive a “safe landing” into DGFT with robust management arrangements in place	Mobilise PTIP project team	Kat Rose, Director of Integration	Matt Wilkinson, Programme Manager	July 2024
		Draft PTIP plan and supporting risk register			July 2024
		Establish management structure and meeting structure to manage services		Place Division Management Rep(s)	July 2024
		Embed Place division governance – BCP, EPRR, delegation scheme, decision making & escalation hierarchy		Place Division Management Rep(s)	September 2024
		Establish performance information to manage service delivery and monitor delivery of benefits		Place Division Management Rep(s)	September 2024
		Establish contract management and performance review between PCNs and DGFT for ARRS management and Pharmacy service		Place Division Management Rep(s)	September 2024
		Complete PTIP progress reporting to DGFT Integration Committee		Matt Wilkinson, Programme Manager	Ongoing
		Complete PTIP progress reporting to ICB Oversight group			Ongoing
		Undertake a post transfer assessment of compliance for all legal and regulatory requirements.	Andy Proctor, Director of Governance	Heads of Corporate Teams	July 2024
		Develop a roadmap for harmonisation of policy and procedures for all corporate functions		Heads of Corporate Teams	September 2024
Communication & Engagement	Staff and stakeholders are kept informed about the development of the	Provide regular updates to staff through In the Know email newsletter and via the corporate intranet	Liz Abbiss, Director of Communications	Comms Team	Ongoing

	Place Division, DGFT and Dudley Place with opportunities to contribute and feedback	Management team to ensure all teams have regular team meetings and senior management to have regular staff check-ins to keep in touch.		Place Division Management Rep(s)	Ongoing
		Website and social media channels reviewed to integrate channels across DIHC into DGFT.		Comms Team	July 2024
		Stakeholder updates issued to local elected members and partners		Comms Team	Ongoing
		Develop a communication and engagement plan for the Health & Care Partnership with a roadshow across partners and public to showcase the vision and work of the partnership and how the vision of DIHC is now integrated within the partnership.	Kat Rose, Director of Integration	Sally Cornfield, Partnership Programme Director / Helen Codd, Head of Communications, Engagement & Partnerships	November 2024
		Deliver a public and patient event to discuss services, the teams and organisations across Dudley, who is responsible for what and seek public and patient contributions to service improvement.		Place Division Management Rep(s)	November 2024
Cultural Integration & Development	To welcome staff into DGFT with a “safe landing” and to feel part of the DGFT community and Health & Care Partnership Team	Organise a management workshop for the new Division to support their role as leaders in developing the culture of the new Division.	Kat Rose, Director of Integration	Place Division Management Rep(s)	September 2024
		Workshops with staff to outline DGFT and Partnership vision and values and how all staff will contribute the organisation.		Place Management Reps	November 2024
	A specific discussion will be organised for staff to seek their feedback and identify lessons learnt from the transition process.	Place Management Reps		September 2024	
	Workshops, surveys and team meetings will also include the opportunity for suggestions for improvement and to assess how staff are finding the new division and any concerns.	Place Management Reps		Ongoing	
	“Spot light” opportunities will be organised for services across the new division to showcase their work to DGFT leaders and managers.	Place Management Reps		November 2024	
To increase the knowledge of primary care services across DGFT and of secondary care services across the Place Division					

		“Lunch and learn” sessions will be organised for new Division to explain their services to new colleagues and wider stakeholders as well as some of DGFT services showcasing their work for staff transferring into DGFT		Place Management Reps	November 2024
		Staff appraisals to be completed by April 2025 so all staff appraisals align to organisational vision and values but also the priorities of the Place Division.		Place Management Reps	April 2025
Corporate Services Integration	Place Division supported by Corporate Teams as part of “business as usual” operations for Corporate Teams	Clear access points and relationship between new Division and Corporate Services will be defined and communicated to all staff.	Kat Rose, Director of Integration	Heads of Corporate Teams	September 2024
		For those services previously provided by contractors it will be specifically communicated how the functions are established within DGFT corporate functions – Digital, IG, Estates and Health & Safety	Executive lead for relevant corporate service	Heads of Corporate Teams	September 2024
		Financial and incident reporting system changes embedded and staff provided required training.	Chris Walker, Interim Director of Finance and Andy Proctor, Director of Governance	Heads of Corporate Teams	September 2024
		Complete a digital review of the services transferring to identify any areas of improvement, further integration and any potential savings as well identify any required data cleansing.	Adam Thomas, Chief of Strategy and Digital	Sarah Ellis, IT Operations Director	November 2024
		ESR manager self-service on piloted within Place Division as part of DGFT implementation.	Karen Brogan, Interim Chief People Officer	Hannah White, Head of People	July 2024
Finance	A clear financial plan and management controls are in place	Financial model will be reviewed by the management team in advance of budget setting for 2025/26 as part of DGFT standard budget setting process.	Kat Rose, Director of Integration	Place Division Management Rep(s)	November 2024

		Financial controls reviewed and embedded into DGFT Finance operating procedures.	Adam Houliston, Deputy Director of Finance	Finance Team	September 2024
Quality	Quality monitoring and controls are in place	Complete post-transfer identified actions from Quality Impact Assessments (QIA) and Due Diligence (DD)	Andy Proctor, Director of Governance	Governance Team	September 2024
		Quality Assurance Framework implemented across the Place Division		Place Division Management Rep(s)	September 2024
Service Improvement & Development	Operational continuous improvement is embedded for an agreed plan for the future	Review the “safe-sending” information handover for each service including identified improvements through due diligence and/or in-flight improvements planned pre-transfer to reflect into PTIP where appropriate.	Kat Rose, Director of Integration	Place Division Management Rep(s)	July 2024
		Embed the use of bank for additional shifts for all services including ARRS		Place Division Management Rep(s)	September 2024
		Review the conflict-of-interest policy for staff working across general practice		Place Division Management Rep(s)	September 2024
		Embed DGFT policy for lone working across the Place Division		Place Division Management Rep(s)	September 2024
		Undertake a review of professional leadership and consult on optimum method to provide this function		Place Division Management Rep(s)	September 2024
		Organise a review of services using (i) performance information, (ii) feedback from staff and patients, (iii) financial performance, (iv) research and benchmarking to determine priorities for 2025 Place Division business plan as part of the DGFT 2025 business plan.		Place Division Management Rep(s)	November 2024
Legacy Arrangements	The legacy requirements of DIHC are delivered	Support required resources to meet requirements of the post-transfer support agreement to ensure all DIHC legacy arrangements are delivered.	Kat Rose, Director of Integration	Place Division Management Rep(s)	Ongoing

Mobilisation of DIHC staff and services transferring to DGFT

What will be happening in June to prepare for transfer

5 June 2024 v0.7

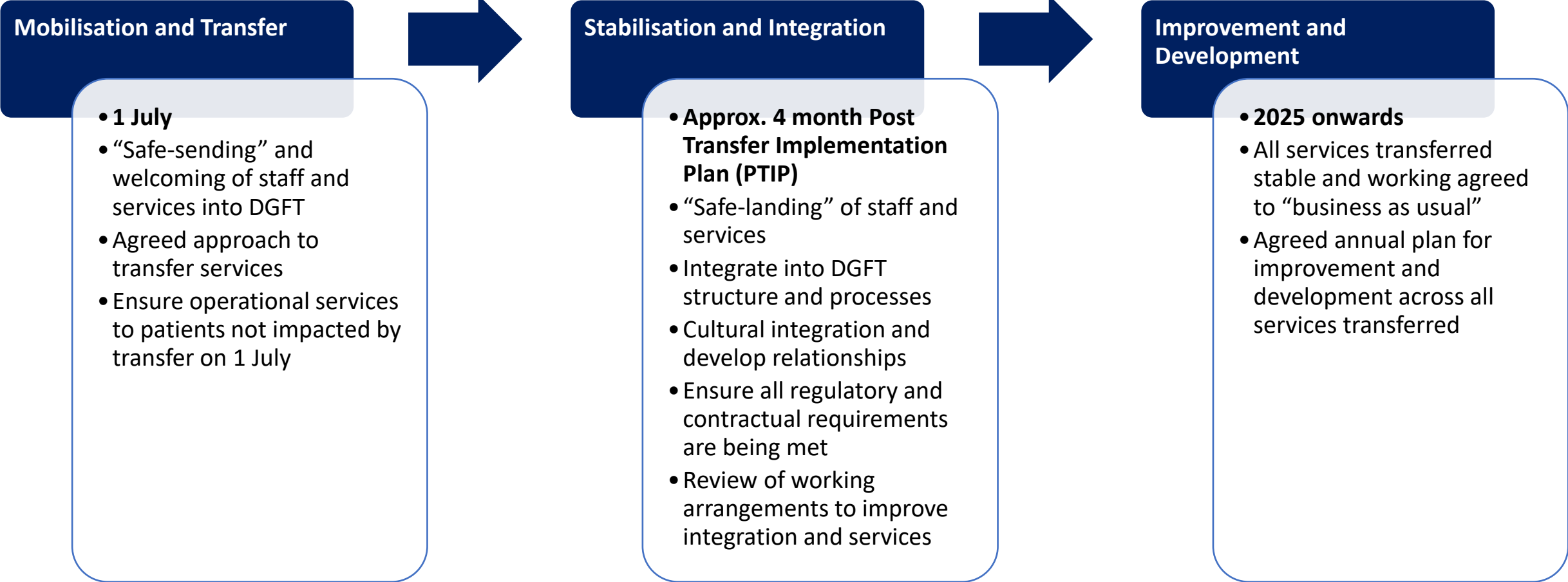


The Dudley Group
NHS Foundation Trust



Approach

The below details a three phased approach to the “safe-sending”, “safe-landing” and improvement of services transferring from DIHC to DGFT:.



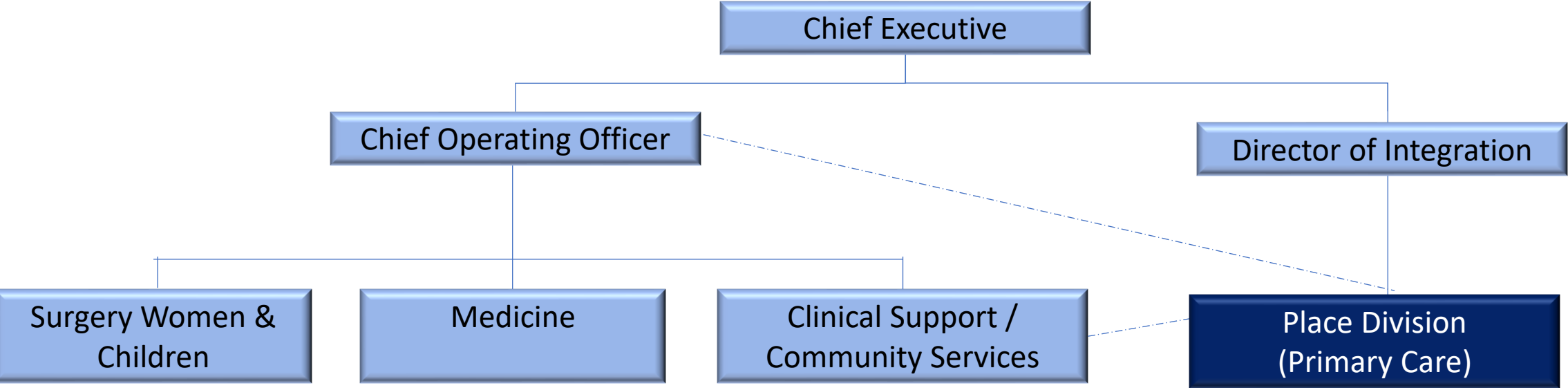
Mobilisation and Transfer

The below details the approach to mobilisation and transfer of services into DGFT :

- Operational teams (ARRS, CHC, Pharmacy, GP Practices including Care Homes Team and SAS) and strategic teams (Commissioning and Development) transfer “as-is” with no impact to patients and responsibilities
- Corporate teams (HR, Finance & Contracts, Digital in part, Safety & Quality, Comms) transfer as close as practical to “as-is” but some changes required to integrate into DGFT however no changes to their functional roles and responsibilities. Where corporate functions are provided by external resources (Estates, H&S, IG, BI, Digital in part) arrangements for the provision of these functions is part of mobilisation plan.
- Priority to support “safe sending” and “safe landing” followed by a time-bound post transfer implementation plan (PTIP) to ensure all services are stable in their new organisation
- Senior management within new structure lead and have oversight of transfer plan delivery through mobilisation project team
- Transferring services team managers engage with their new management within DGFT to discuss services and prepare for handover
- Nominated leads from DGFT and DIHC corporate teams work together to organise the transfer of their respective functions and support transferring services to operate “as-is” and “business as usual” from 1 July
- Weekly project team of DIHC and DGFT reps to manage activity and monitoring progress against an agreed detailed project plan
- Transferring services meet with joint project team to assess readiness for transfer service-by-service and a weekly update from project team shared with DIHC management team, at DIHC manager briefings and with DGFT management team

Divisional Structure - July 2024

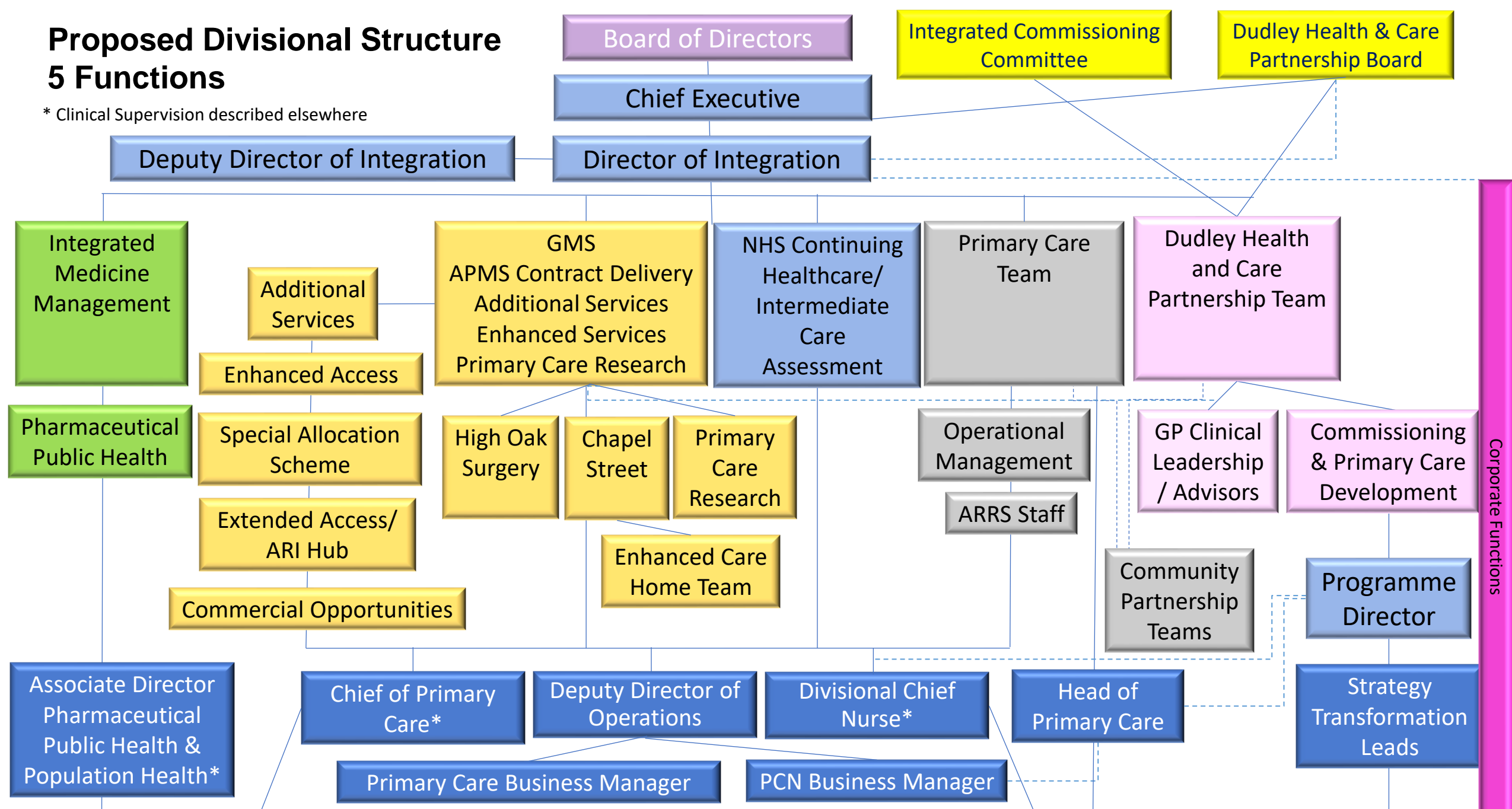
The below sets out the revised DGFT organisational structure with the creation of a new Place Division to receive services from DIHC:



Proposed Divisional Structure

5 Functions

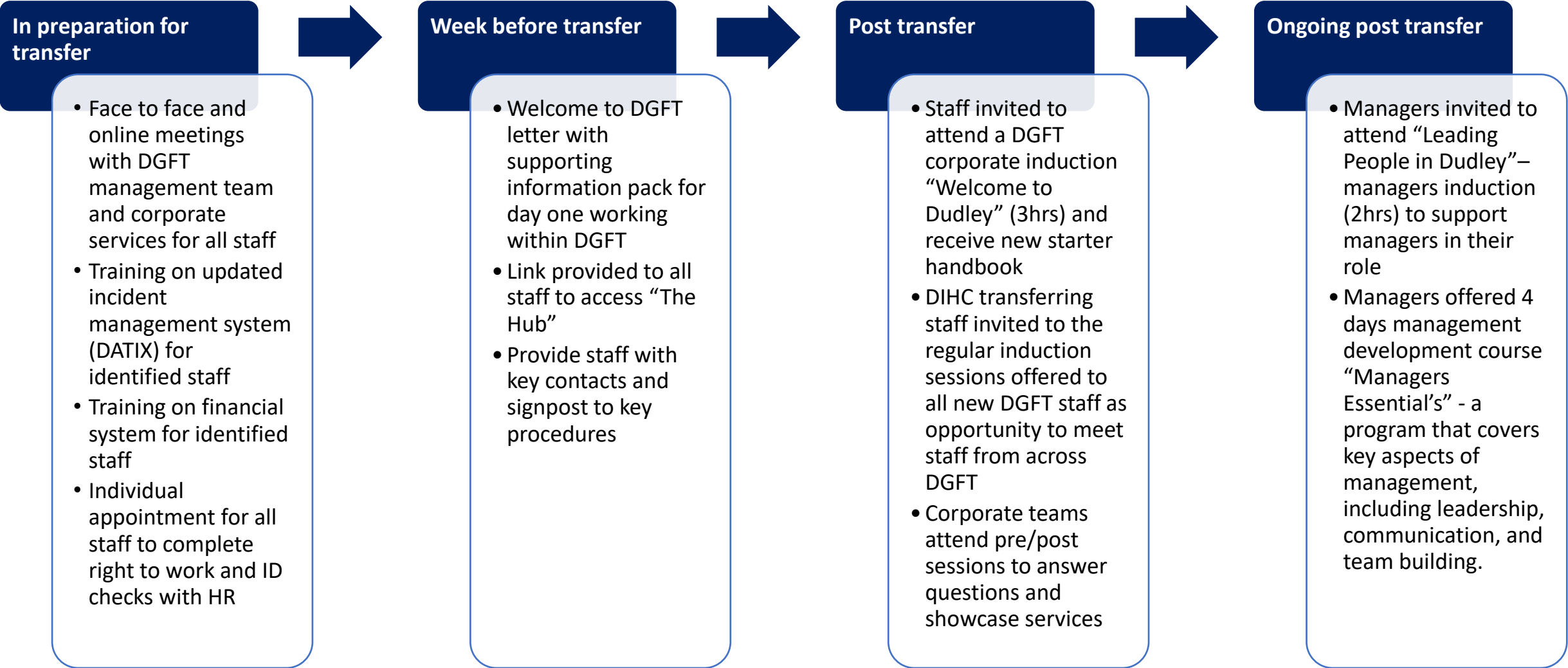
* Clinical Supervision described elsewhere



Corporate Functions

Induction and Welcome Strategy

The below details the different activities to support DIHC staff transferring into DGFT to receive a quality induction:



Digital

The below sets out the approach to Digital changeover for staff:

Your email account will transfer over to the Dudley Group - This will happen at the point of transfer with no impact to you

01. Emails

02. Accessing IT Systems

Most systems are accessed via a link that you click on. All links to IT systems are on the Quick links page of the Intranet called The Hub. They are accessible under the Dudley Place Links heading.

You will retain access to all Teams and sharepoint information. We will be migrating this information and will keep your nominated leads updated with progress

06. Teams/ Sharepoint

02.

03.

ESR

You will continue to use ESR as you do now but will do this via the Dudley Group ESR system.

05.

05. Logging on as a Dudley Group member of staff

04.

04. Datix & Easy Expenses

From 1st July all Datix activity will be carried out via the Dudley Group version of Datix. You do not require a login to log an incident. If you use extended Datix functionality you will use the same username and access Datix via The Hub

All staff transferring will be provided with a new username and password. The first time you login, on, or after 1/7/24 you will need to do this at an NHS location i.e. BHHSCC/SHSCC/RHH or a GP location. Your device will re-start twice then you will be able to access the Dudley Group intranet – The Hub.

If you use Easy Expenses, you will continue to do so after 1st July 2024

Staff Experience

The below represents the actions pre and post transfer centered around the workforce to support with a safe landing into DGFT:

Transfer Preparation (pre-1 July 2024)

- Individual and group consultation with staff
- Staff meetings with DGFT senior management team and some staff attended DGFT leadership conference
- Staff set up on TRAC system in advance of required right to work and DBS check meetings for all staff transferring
- Training provided on system and process changes (eg, how to use new ordering or incident reporting systems)
- Dedicated email inbox for any questions



Day One and Beyond (from 1 July 2024)

- Staff attend a corporate building (not home or public building) on day one for laptop to be migrated across to DGFT environment; collect new name badge and receive a day one briefing
- Staff attend their normal place of work and continue to work from that location
- Access provided to DGFT intranet with new dedicated Place Division area including all required policy, procedures and guidance (eg, how to book leave)
- Dedicated email inbox for any questions

Regular communication to staff 

Mobilisation and Transfer

The below is a summary of actions to address in mobilisation and transfer of services into DGFT:

Governance	Estates and H&S	HR	Digital (inc.BI and IG)	Comms & Engagement	Finance & Contracting	Safety & Quality
Management structure	Agreed integration of staff line management and service area responsibilities on 1 July and communication to Ops services of how to link with corporate teams					
Post 1 July Governance & Meeting structure	Agreed handover of all current work and in-flight projects					
Escalation & Decision-making process	Lease changes	Staff locations & car parking	Laptop, equipment and systems change	Regular updates to staff and stakeholders	ARRS PCN sub-contract & schedules	Incident handover and management
OOH, on call, BCP & EPRR management	Lone working process	Provision of final staff transfer list & data	Electronic file transfer (with data sharing agreements)	Welcome arrangements & ID Badges	ICB goods & services contract	Complaint handover and management
Policy and procedure handover	Courier service arrangements	Staff travel and expenses claims process	Data transfer (with data sharing agreements)	Contact point handover or closure (eg, phone numbers, social media, shared mailboxes)	Chapel Street contract & ICB notification	Risk handover and management
	Signage changes	Staff bank arrangements	Connectivity equipment handover		Ordering system changes and process	DATIX system changes and process
		Staff right to work checks	Telephony arrangements handover		Budgets confirmation and ledger set up	CQC Notifications
		Staff induction	FOI, SAR, data breach handover and management		Supplier notifications	
			Data agreements signed			
Page 63 of 173			Data registers for all services to handover		Enc 6 – Dudley Integrated Health and Care NHS Trust Update Page 23	of 25

Mobilisation and Transfer

The below represents the key milestones to mobilise and transfer services into DGFT:

24 May 2024 – Current point

1 July 2024 – Transfer Date

Governance	w/c 6 May	w/c 13 May	w/c 20 May	w/c 27 May	w/c 3 June	w/c 10 June	w/c 17 June	w/c 24 June	w/c 1 July	w/c 8 July
Plan Governance	Plan drafted	Exec review plan	Trans Comm review plan	Int Comm review plan		Board review plan				
Transfer Governance	Board agreement/agreement			Board sign t/agreement		In-flight work handover	Transfer Order Granted			
Organisational Governance	Staff structure confirmed		Meeting and decision governance confirmed		BCP, EPRR and P&P reviewed		DGFT Governance updates			
Estates and H&S	Lease changes complete	Confirm future Estates and H&S responsibilities			Organise signage changes and confirm courier arrangements		Complete compliance updates			
HR	Finalise staff locations and car parking		Finalise staff list and P&Ps		Deliver staff welcome and right to work check events and payroll arrangements in place				Staff TUPE to DGFT	
Digital & BI	Agree contract for BI support									
	Confirm digital change plan	Agree scope and method for phone and data transfer			Prepare for all digital, data and phone changes				Digital changeover	
Information Governance	Data registers complete and data sharing agreements in place and confirm IG roles and responsibilities				Complete notifications to external bodies					
Comms & Engagement	Agree induction and welcome plan				Prepare new intranet area for place division plus prepare website, social media changes and all contact points				Day one induction & IDs	
Finance & Contracting	Handover finance data	Confirm post 1 July spend plan	Establish new financial processes and system changes		Brief staff & suppliers briefed on new system & ledger / budgets finalised				New system operational	
			ICB and General Practice contracts agreed and changed		PCN contract agreed					
Quality & Safety	Confirm clinical governance processes and DA/IX changes				Brief staff on changes and notify CQC				New system operational	
PTIP	First draft prepared				Exec review plan			Trans & Int Comm review		Board review plan

Stabilisation and Integration

The below details some of the key themes to stabilising the transfer and completing integration into DGFT that will inform the PTIP:

- Weekly project team will be refreshed but continue to have single plan for management of services transferred into the new Place Division of DGFT and address any ongoing issues or actions
- Development of new Division culture and identity as a new Division within DGFT and also with key partners such as primary care
- Regular communication and events will continue for staff to meet new colleagues and develop links to corporate teams as well as opportunity to “check in” and listen to staff experiences of transfer
- Continue to embed new way of working with harmonisation of policies and procedures
- Required governance, reporting and meeting structure will be embedded to manage services against all contractual performance indicators
- Ensure all regulatory and contractual requirements are being met
- Ensure digital arrangements are all working effectively, and any data cleansing completed with transferred files
- Website, social media and all communication channels reviewed
- Engagement events with the wider place colleagues and patients to update them on changes and seek their views on services
- By the end of the PTIP a collaborative review of each function and governance will be completed to determine how services are operating and areas for improvement to inform an improvement and development plan to drive continuous improvement and deliver agreed benefits
- Improvement and development plan for new Division aligned to Trust-wide strategies and business plan

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report title	Strategy progress report – Q4 2023/24 and Annual Plan 2024-25
Sponsoring executive	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
Report author/presenter	Ian Chadwell, Deputy Director of Strategy

1. Suggested discussion points

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






The committees received the reports as being a comprehensive reflection.

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

- Increase planned care and screening for the most disadvantaged groups. The (unvalidated) figure for breast screening for Q3 which is the most recent data (68%) is below the acceptable uptake rate (70%). All other RAG ratings remain unchanged.

The governors had an opportunity to contribute to the development of the annual plan for 2024-25. This was approved by the Board of Directors on 2nd May 2024. Governors are asked to receive the Annual Plan given as appendix 2 in this report.

2. Alignment to our Vision

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

Executive Directors – 16th April
 Relevant sections to all four committees – 24th, 25th, 30th April 2024
 Board of Directors (Public Session) – 9th May 2024
 Full Council of Governors Meeting – 20th June 2024

3. Recommendation(s)

The Council of Governors is asked to:

a. To **note** the strategy progress report for Q4 2023/24

b. To **note** the annual plan 2024-25

4. Impact

Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	x	Address critical shortage of workforce capacity
Board Assurance Framework Risk 3.0	x	Improve and sustain staff satisfaction and morale
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	x	Achieve carbon reduction ambitions in line with NHS England Net Zero targets

Board Assurance Framework Risk 6.0	x	Deliver on its ambition to building innovative partnerships in Dudley and beyond					
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements					
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation					
Corporate Risk Register		N/A					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

STRATEGY PROGRESS REPORT – Q4 2023/24

Report to Board of Directors on 9th May 2024

EXECUTIVE SUMMARY

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

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

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

- Increase planned care and screening for the most disadvantaged groups. The (unvalidated) figure for breast screening for Q3 which is the most recent data (68%) is below the acceptable uptake rate (70%). All other RAG ratings remain unchanged.

Progress to highlight from quarter 4 2023/24

- Vacancy rate remains stable as 5% thereby meeting the target;
- The results of the annual staff survey have been published. The trust is at or slightly below the benchmark and has demonstrated improvement in 4 out of 9 people promises/themes. Action plans will be developed.
- Cost Improvement Programme forecast to over-perform with 51% of schemes being recurrent;
- Trust continuing to participate in Getting It Right First Time (GIRFT) Further, Faster initiative to transform outpatient services and improve waiting times;
- Work placements as part of the 'ICan' pre-employment programme have started;
- 'Behind the Scenes' event held for local schools held in March to promote career opportunities in the health sector;
- Good progress with the transaction process of staff and services managed by Dudley Integrated Health & Care. Self-certification material went to committees in March ahead of sign-off at Board of Directors;
- Material to promote research and innovation developed and launched via the Hub to promote. Successful research and innovation seminar held in February.

Areas of challenge during quarter 4 2023/24

- Challenges remain in delivering a long-term sustainable financial plan including identification of recurrent savings for the Cost Improvement Programme and delivery of the system Financial Recovery Plan;
- Ongoing pressures around urgent & emergency care and use of surge capacity;
- Trust faced pressures in achieving 31-day cancer treatment target.

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

Next Steps

Communications:

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

RISKS AND MITIGATIONS

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

RECOMMENDATIONS

To note the strategy progress report for Q4 2023/24.

Ian Chadwell
Deputy Director of Strategy
25th April 2024

APPENDICES:

Appendix 1 – Summary of status for measures of success

Appendix 2 – Annual Plan 2024-25

Appendix 1 – Summary of status for measures of success

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Deliver right care every time	CQC good or outstanding	Target: good or outstanding	No change in ratings during quarter Good progress is being made with action plans in response to the inspection reports for Urgent Care and Children’s services reports. Importantly these have been fed back to the CQC through an engagement meeting this quarter – positive assurance shared and no concerns were raised. Timely responses to CQC enquiries continue without significant concern/exceptions. Ward to Board walkabouts recommenced in Q4 to build upon engagement with staff and assurance levels There were no new inspections.		
	Improve the patient experience results	Target: top quartile performance (England) by 2025	Family and Friends Test (FFT) largely unchanged from previous quarter. New approach to treating minors in ED hopes to improve patient experience		
Be a brilliant place to work and thrive	Reduce the vacancy rate	Target: achieve 7% by Jun-2023 and sustain	Current vacancy rate is 5% and has been stable since May 2023		
	Improve the staff survey results	Target: better than England average by 2024/25	Benchmark average across all People Promises. Improvement against historic performance in 4 out of 9. Improved scores on recommend as a place to work.		
Drive sustainability	Reduce cost per weighted activity	Target: better than England average for overall, medical, and nursing costs by 2024/25	Schemes to cover the cost improvement target for the current year set to over-perform with increase in recurrent savings to 51% of the programme		
	Reduce carbon emissions	Target: year-on-year decrease achieving net zero by 2040 (NHS carbon footprint) and 2045 (NHS Carbon footprint plus)	First Green Week for nurses and midwives; some remanufactured devices implemented saving cost and carbon; 229 staff redeemed codes for free bus travel from National Express		

Goal	Measure of Success	Target and timescale	Current status	RAG rating	
				This quarter	Last quarter
Build innovative partnerships in Dudley and beyond	Increase the proportion of local people employed	Target: 70% by Mar-2025	This proportion has increased from 66% in September 2021 to 68% currently; first placements on the 'ICan' pre-employment programme started.	Yellow	Yellow
	Increase the number of services jointly delivered across the Black Country	Target: increase maturity of collaboration as measured by maturity matrix	Leadership and active participation in Black Country provider collaborative; On track with DIHC transaction and development of Dudley Health and Care Partnership	Green	Green
Improve health & wellbeing	Improve rate of early detection of cancers	Target: 75% of cancers diagnosed at stages I & II by 2028 (NHS Long Term Plan)	Latest available data for Q3 showed 44% of patients diagnosed at stage I, II; business case for targeted lung health checks progressing through governance process and delivery group established	Yellow	Yellow
	Increased planned care and screening for the most disadvantaged groups	Target: Breast screening uptake - Acceptable level: greater than or equal to 70.0% - Achievable level: greater than or equal to 80.0%	Latest (unvalidated) uptake for Q3 is 68% so does not meet the acceptable level; mobile unit in place at Dudley Central and service continues to work with stakeholders to put on community events	Yellow	Green

Annual Plan 2024/25

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 pulse 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						
Implement Targeted Lung Health Check Programme						
Working towards university hospital status (DGFT, SWBH and Aston University)						
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		

Context - Strategic Goals and Measures of Success

In 2021, The Board of Directors approved our strategic plan 2021 - 2024 'Shaping #OurFuture'. The strategy set out a clear vision for the Trust: 'excellent health care, improved health for all'. It set out five goals:

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

underpinned by our values of care, respect and responsibility.



The strategy has been embedded in the way we work and informs the decisions we make.

Since launching our strategic plan, we have:

- Been inspected by the Care Quality Commission for maternity, children's and emergency services. Maternity and children's were both rated as 'good' whilst emergency services remain 'requires improvement';
- Reduced the vacancy rate from 12% to 5% through a mixture of local and international recruitment;
- Been able to demonstrate an improvement in some of our staff survey results following concerted action such as appraisals;
- Delivered our cost improvement programme and significantly reduced expenditure on agency staff;

- Gained agreement with partners in Dudley that we should host the place-based partnership for health and care in Dudley and working towards being lead provider by March 2025;
- Played an active role in the Black Country Provider Collaborative;
- Started specialist teams for alcohol and tobacco using designated funds for strengthening prevention activities in the NHS;
- Worked with the local authority and other partners to improve the uptake of breast screening services and prepared for introducing the Targeted Lung Health Check programme to support earlier diagnosis.

Whilst we are making progress we still have much work to do:

- Our patient experience scores remain low;
- Despite improved ratings for some services, we remain rated as ‘requires improvement’ by the Care Quality Commission overall;
- We are faced with an unprecedented financial challenge as the NHS works to restore productivity levels to and beyond pre-pandemic levels whilst dealing with high inflation;
- Our waiting lists are long;
- We are still reliant on staff working additional shifts in order to deliver the activity levels expected of us;
- We need to deliver more services in a preventive manner if we are to change the future demands on our services and improve life chances for our population.

In recognition of the financial challenges faced by the Black Country Integrated Care System as a whole, Black Country Integrated Care Board has commissioned PA Consulting to work with the system to develop a **Financial Recovery Plan**. This plan delivers financial balance by 2027/28 and requires all partners to deliver not only the solutions that have been identified by PA Consulting but to develop further solutions through improving the efficiency of corporate functions and potential reconfiguration of clinical services.

In this context, the Trust will refresh its strategic plan ‘Shaping #OurFuture’ to cover the period 2024 – 2027 during the first two quarters of this annual plan period, accompanied by a Clinical Services Plan that will set out the direction of travel for the development of our clinical services to 2027. This will incorporate the additional solutions identified during the development of the Financial Recovery Plan.

Annual Objectives for 2024/25

This annual plan sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our strategy and vision.

The table below sets out the objectives to be achieved by April 2025. Alongside our own internal aspirations, these objectives align to:

- **NHS England operational planning guidance 2024/25.** This sets out targets to be achieved by all types of services and organisations in the NHS to improve quality and access. We have prioritised the metrics that will have the biggest impact for patients. In all instances, we have set ourselves at least the national or regional target (set by the Integrated Care System), or higher.
- **Care Quality Commission.** The standards set out by NHS England align with and inform the Care Quality Commission quality standards. Our (Patient) strategic

objective / aim / goal is to be Good or Outstanding in everything we do, therefore our annual objectives address key areas to improve our overall CQC rating.

- **NHS Staff Survey and People Plan.** Our people annual objectives, like our overall people plan, directly aligns to the national people plan.
- As with our strategy, we have considered other national strategies and guidance such as the [NHS Long Term Plan](#) and the [Joint Forward Plan](#) and [Integrated Care Strategy](#) in our Black Country Integrated Care System.

In setting these objectives we have been decisive to prioritise those that will have the biggest impact. We recognise that the environment in which we are working is constantly changing and that our objectives may need refreshing from time to time.

Our in-year objectives for 2024/25

The table below sets out the in-year objectives to be achieved by April 2025. There 18 split across our five strategic goals. Recognising that some of our objectives will need to be delivered by working across the new structures in the NHS, orange indicates that the objective is delivered across all partners of the Black Country provider collaborative and blue indicates that it is delivered across the partners of Dudley health & care partnership.



Deliver right care every time

In-year objective	Why is this important?
Reduction in incidents resulting in significant harm (moderate, severe, death)	Indicates improvement in patient safety through the avoidance of unintended or unexpected harm to patients during the provision of health care. Patients should be treated in a safe environment and protected from avoidable harm
Standardised Hospital Mortality Index (SHMI) (quarterly) better than England average	Provides assurance that deaths are not higher than expected
Readmission within 28 days better than England average	Unplanned re-admission can be an indicator of poor quality care and discharge planning
Reduce complaints by 15% compared to 2023/24	Can be used as a measure of patient experience
90% of complaints to be responded to in 30 days	When complaints are made they need to be dealt with in a timely manner
Increase responses to the pulse patient experience survey by 20%	Higher response rates will give a better indication of how patients experience our services
Eliminate 65 week waits by Sept 2024 and reduce 52 week waits	Patients are waiting a long time and we need to reduce waiting times in line with national ambitions
Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation at 85%)	Reducing waste is critical for the sustainability of the Trust and creates capacity to treat more patients



Be a brilliant place to work and thrive

In-year objective	Why is this important?
Improve retention rates for Nursing, Midwifery and AHP groups and retain 80% of our internationally recruited workforce	We have invested in international recruitment and reduced vacancy rates but need to ensure that these staff continue to work with us
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	This was an area where the staff survey in 2023 showed that the trust was an outlier
Raising concerns – I feel safe to speak up staff survey results better than England average	This was an area where the staff survey in 2023 showed that the trust was an outlier
Recommend trust as a place to work staff survey results better than England average	This was an area where the staff survey in 2023 showed that the trust was an outlier



Drive sustainability

In-year objective	Why is this important?
Deliver financial plan (deficit of £43.8m)	The Trust is committed to meeting its expectations from the system's financial recovery plan
Deliver cost improvement programme of £28.6m	Reducing waste and improving productivity is critical to achievement of our plan
Reduction in use of bank by 25% compared to 2023/24	Whilst agency usage has reduced our bank usage has not reduced as much as expected and this is now the area of focus



Build innovative partnerships in Dudley and beyond

In-year objective	Why is this important?
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 inpatient discharges are home for lunch for each RHH ward)	Reduced numbers of patients who no longer have a criteria to reside in hospital will improve flow through the hospital, reducing ambulance delays and waiting times within the emergency department



Improve health and wellbeing

In-year objective	Why is this important?
Achieve acceptable coverage for breast screening (70%) and work towards achievable coverage (80%)	Dudley Health and Wellbeing Board has identified this is a priority in their strategy 2023 – 2028
A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)	Widening participation to people who would otherwise experience difficulties in accessing the jobs market supports the

	trust to employ a greater proportion of local people
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Multi-year commitments

There are number of longer-term pieces of work that we have started and will continue through this coming year that will help us deliver our objectives. There are summarised below:

- Delivery of Digital 3-year Plan
- Delivery of Dudley People Plan and associated journeys (Recruitment and Retention, EDI, Wellbeing, OD and leadership)
- Delivery and Implementation of Community Diagnostics Centre
- Implement delivery plan for maternity and neonatal services
- Implement Targeted Lung Health Check Programme
- Working towards university hospital status (in partnership with Sandwell & West Birmingham Trust and Aston University)

Shared across Joint Provider Committee (Black Country):

- Work collaboratively to increase elective capacity
- Delivery of Financial Recovery Plan
- Productivity (outpatient transformation, theatre utilisation, discharge)

Shared across Dudley Health & Care Partnership:

- Transformation and integration of community services

Task & Finish Projects

The following projects have been identified that we intend to complete within 2024/25.



Deliver right care every time

Project	What we plan to do
Redevelopment of resuscitation area in ED	A £16.9m bid has been secured to enhance the resuscitation space, with isolation rooms and a dedicated paediatric area. The completion is expected by spring 2025.
Discharge, nutrition, hydration and pain quality improvement programmes established	All of these were themes of patient survey results. As a result, groups have been established led by a senior nurse to facilitate the voice of the patient and family for each of nutrition and hydration and discharges and pain. The goal is to ensure actions taken are reflective and demonstrate improvements and patient survey results improve
Development and implementation of dementia and delirium and autism and learning disability strategies	The Trust has a committed Dementia and Delirium Team who are the first point of call for patients with complex vulnerabilities, such as dementia, delirium, Korsakoff's and behaviours that challenge and require

	<p>restrictive interventions, to offer support and advice. The aim is for the team to support; discharges, pathways and therapeutic activities, utilise volunteers and uphold human rights to ensure the Trust is working within legal frameworks</p> <p>A steering group has been established to identify key priorities to address gaps in the current Trust provision offered to people with a learning disability</p>
Embedding of Patient Safety Incident Response Framework (PSIRF)	Work will continue to test, strengthen and document response processes and ensure there is improvement and assurances processes in place
Provision of more services in the Family Hubs to provide better services to families	Paediatrics are investigating which outpatient clinics can be delivered from the Family Hubs. The aim will be to provide some clinics currently provided at Russells Hall in the Hubs



Be a brilliant place to work and thrive

Project	What we plan to do
Establishment and embedding of the Brilliant Place to Work group to deliver actions associated with the Culture and Learning journey	<p>We have a reviewed and relaunched Culture Statement and Behaviour Framework. This part of our work every day. This is visible from all people, all services and in all our employee support tools.</p> <p>Develop delivery actions to embed Culture Statement and Behaviour Framework (June 2024)</p>
An improvement project to be included in each staff appraisal	All staff will be expected to identify an improvement project during their appraisal as part of embedding the Dudley Improvement Practice. Staff will be supported through a community of practice
Establishment and embedding of the recruitment and retention group to deliver actions associated with the journey	The recruitment and retention journey is our roadmap to changing the way we do things and to being more people centred in our approach and to become more progressive, modern, flexible and adaptable and tailor our approaches to the diverse needs of our people. The recruitment and retention journey action plans over the next 2 years will be implemented via the recruitment and retention workstream.



Drive sustainability

Project	What we plan to do
Consolidate payroll function across provider collaborative	To have one team across the Black Country Provider Collaborative providing payroll services to improve efficiency and save costs.
Corporate Improvement Programme	Provider Collaborative already developing proposals for Statutory and Mandatory Training, procurement and will look at further services as part of the implementation of Financial Recovery Plan.



Build innovative partnerships in Dudley and beyond

Project	What we plan to do
Transfer services from DIHC into DGFT	Transaction expected to be complete by quarter 2 with services and staff transferring on an 'as is' basis. New division to be created reporting to Director of Integration.
Establish structures to support DGFT becoming Lead Provider for Dudley Health and Care Partnership by March 2025	<p>Learning from best practice in lead provider models elsewhere an appropriate governance structure to be put in place to enable DGFT to assume role of lead provider for place-based services.</p> <p>Governance structures in place by Q2 to operate through the year in shadow form with the expectation of taking on lead provider role for a defined set of services from April 2025</p>



Improve health and wellbeing

Project	What we plan to do
ICAN (pre-employment programme)	A recruitment project to increase employment into entry level roles from unemployed Dudley residents and create pathways for hard to fill vacancies across the Local Authority and the NHS. Over 80 placements will begin from February 2024.
Develop policies and procedures around patient equality	Review patient equality policies and procedures, update where necessary. Will include consistent implementation of Accessible Information Standard and policies relating to LGBTQ+ patients.
Contribute to design of Health Innovation Dudley and the range of courses offered	Work with Dudley College and University of Worcester to finalise design of the new education facility being built in Dudley town centre and influence the range of courses to be offered

The role of Black Country Provider Collaborative

Final following finance submission to Black Country ICB 2nd May 2024

Some of our objectives will be done in collaboration with the other acute and community trusts in the Black Country. These are highlighted in orange.

The work of the clinical networks will support improvements in elective pathways that will deliver increased elective capacity and help us reduce waiting times.

The role of Dudley Health & Care Partnership

Some of our objectives can only be delivered in collaboration with other agencies in Dudley such as Dudley Council, Black Country ICB, primary care and the voluntary and community sector. These are highlighted in blue.

The partnership will focus on integrated community and primary care, prevention and social and economic development.

Risks and Mitigations

The following risks to the delivery of the plan have been identified.

Challenges, risks and issues	Mitigating Actions
Activity and finance	
Overnight surge bed capacity not in budgets	Surge beds will inevitably open but will cause a overspend
Increased demand for UEC following opening of MMUH in autumn 2024	Escalation via ICB UEC Board. Re-adjust UEC activity baselines to reflect
Re-development of resus area in RHH ED due to April 2024 which will impact capacity in ED (8 cubicles) at a time when demand may increase due to MMUH opening	Work with contractor to conduct as much of the construction work before the opening of MMUH
Financial and operational risks associated with transfer of staff and services from DIHC	Due diligence being conducted as part of the transaction process to identify potential risk and issues before transfer
Financial challenges in Dudley Council leading to restrictions on funding for packages of care	Work with partners in Dudley place to maximise use of additional discharge funding that should be available
Potential further industrial action resulting in lost elective capacity	Schedule additional weekend clinics or theatre lists but will come at financial premium
Expectation of mutual aid which impacts ability to remove long waiters from our waiting list	Work with system to quantify impact of mutual aid
Financial grip and control impacting on staff morale	Clear communication plan to staff about our situation and how they can contribute
Staff capacity to manage day to day demands and deliver transformation needed to address the financial challenge the system has	Grow the community of improvement practice to support transformation at all levels
Workforce	
On-going industrial action (medical workforce) Bank rate alignment could see an increase in costs Changes to staffing levels reflects changes to acuity. Band 2/3 National Profile risk Risk to staff engagement and morale – and potential negative impact on staff survey performance	A well-established task and finish group is in place to mitigate any risks of industrial action, which feeds into both Executives and Board. A system working group has been established to review bank rate alignment, supported by NHSE framework. This will be overseen by both the Provider Collaborative and the Trust Board. A trust task and finish group are in operation relating to the Band 2/3 National Profile risk,

	<p>feeding into the provider collaborative to ensure there are consistent solutions</p> <p>The establishment of the Brilliant Place to Work group and the Recruitment and Retention work group to deliver actions associated with the Culture and Learning journey, including staff engagement and morale and workforce planning</p>
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Governance

Each goal has an identified Executive lead and a quarterly report showing progress against the:

- five strategic goals;
- in-year objectives (18 in total);
- and task and finish activities

will be prepared and be discussed at each of the sub-committees of the Board prior to a summary being presented to public Board of Directors.

Goal	Lead executive	Responsible Committee
Deliver right care every time	Medical Director/Chief Nurse	Quality
Be a brilliant place to work and thrive	Chief People Officer	People
Drive sustainability	Director of Finance	Finance & Productivity
Build innovative partnerships in Dudley and beyond	Director of Integration	Integration Committee
Improve health & wellbeing	Chief Operating Officer	Integration Committee

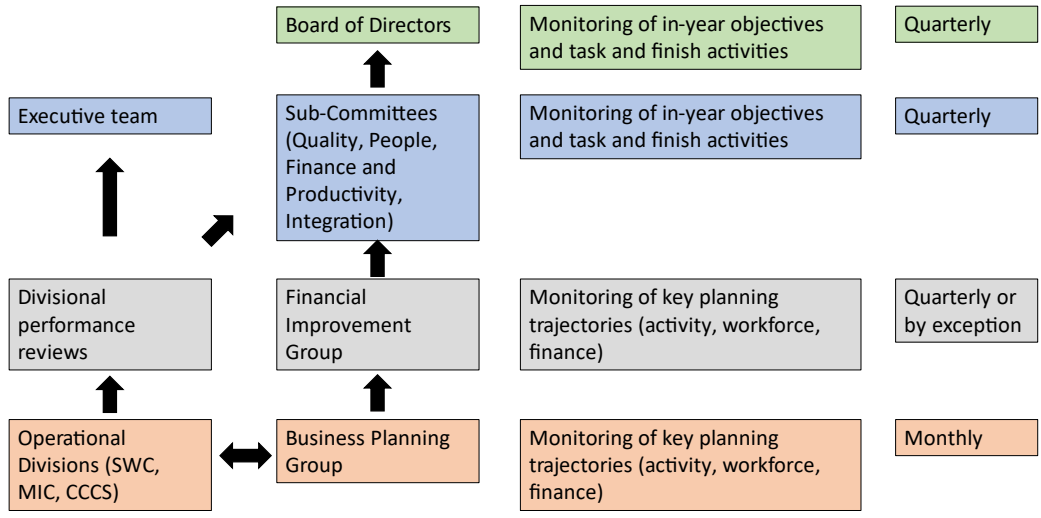
The creation of this annual plan will be used as an opportunity to simplify the reporting of key performance indicators (KPIs) to the board and its sub-committees. There will be monthly monitoring of the in-year objectives via a revised KPI dashboard wherever this is possible, recognising that some measures are not available on a monthly basis.

Monthly monitoring of the key planning trajectories (activity and performance, workforce and finance) are discussed at the Business Planning Group which consists of representatives from each operational division, with reports being fed into Financial Improvement Group and upward reporting to Finance and Productivity Committee.

Divisional contributions to the delivery of the annual plan are also incorporated into quarterly Divisional Performance Reviews.

Staff appraisals will be informed by the plan and the objectives set out in it. As mentioned above, all staff will be expected to identify an improvement project during their objective setting for the coming year.

The diagram below summarises this.



**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report Title	Learning from Deaths
Sponsoring Executive / Presenter	Dr Julian Hobbs, Medical Director
Report Author	Rebecca Edwards, Directorate Manager Dr Philip Brammer, Deputy Medical Director Dr Raj Uppal, Clinical Director Nuala Hadley, Learning from Deaths Officer






1. Suggested discussion points

This paper provides an update on 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) 100.66 and the Hospital Standardised Mortality Ratio (HSMR) 85.95 which have both continued to fall.

Following a change in coding in October 2022, SHMI has fallen within the expected range and HSMR performance is amongst the lowest in the region.

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a high quality of care and low level of avoidability. An action from a previous report on death certification is included in this paper, outlining the core staffing of the Dudley ME service.

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) 		Build innovative partnerships in Dudley and beyond 		Improve health and wellbeing 	
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3. Report journey

Executive Committee
Board of Directors (public session) – 9th May 2024
Full Council of Governors Meeting – 20th June 2024

4. Recommendation(s)

The Council of Governors is asked to:

a. Note the assurance of decreased SHMI and HSMR over the last 12 months.

b. Note the staffing in place within the Dudley Medical Examiner Service hosted by Dudley Group

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 7.0	X	Achieve operational performance requirements					
Corporate Risk Register		N/A					
Equality Impact Assessment	Is this required?			N		If 'Y' date completed	
Quality Impact Assessment	Is this required?			N		If 'Y' date completed	

REPORTS FOR ASSURANCE

Learning from Deaths

Report to Full Council of Governors

1. EXECUTIVE SUMMARY

A further reduction in the 12-month rolling SHMI and HSMR is reported. SHMI is currently 100.66 and HSMR is currently 85.95. Both are now within the expected range, with HSMR as a positive outlier.

The coding change relating to the Same Day Emergency Care patient cohort has positively impacted SHMI performance. HSMR, which relates specifically to inpatient deaths, has seen a continual reduction and can be attributed to a suite of improvement initiatives over the last 12 months. An emerging risk related to a national change in SDEC coding is evident. Internally this is to be mitigated by a risk assessment and coordination across portfolios with ops, IT and finance. This has been raised externally with the ICB and regional NHSe team with feedback awaited. The target date for adoption is 1st July 2024.

Significant quality improvement work has also taken place in pneumonia, deteriorating liver disease and AKI. There remain two areas requiring attention in the medical division, Stroke and Sepsis, where ongoing improvement work has commenced. One area within the surgical division related to fractured neck of femur is similarly ongoing. Stroke and #NOF remain negative outliers but with an improving SHMI. Pneumonia (95), deteriorating liver disease (85) and sepsis (94) continue to improve.

The Medical Examiner Service continues to be the largest source of referrals for Structured Judgement Review (SJR). Completed SJRs show a good quality of care and low level of avoidability. The Dudley Medical Examiner service is fully operational and with increasing numbers of community deaths undergoing a proportionate review each month

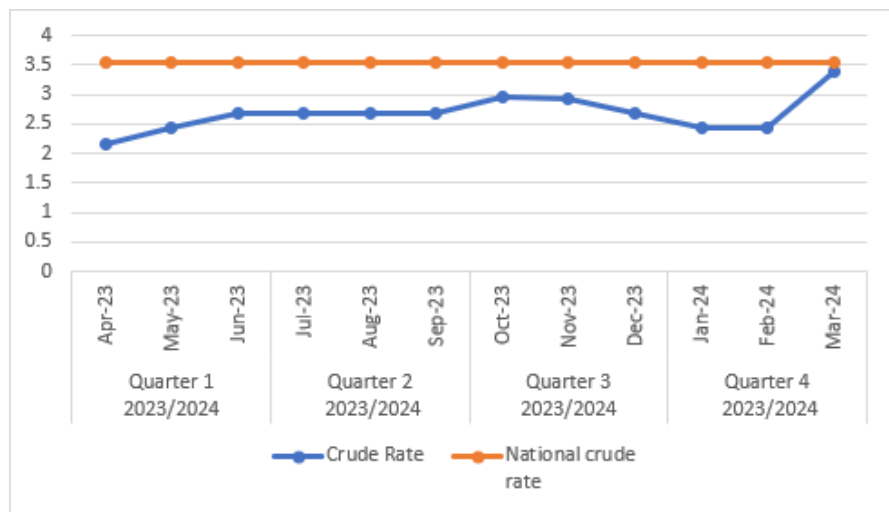
BACKGROUND INFORMATION

2.1 Overall Standardised Mortality indices

The Trust monitors standardised mortality indices and a summary of these can be found at https://www.chks.co.uk/userfiles/files/CHKS_Mortality%20measures%20compared_Dec2018.pdf

Indicator	Current	Trend								
SHMI (Summary Hospital-level Mortality Indicator)	100.66 (Source HED To Dec 23)	<p>The Trust SHMI is 100.66 for the last reporting period This is a decrease in previous periods and is within the 'Expected Range'.</p>								
HSMR (Hospital Standardised Mortality Ratio) Feb 2023 to Jan 2024	85.95 (HES inpatient data)	<p>HSMR (in hospital deaths) continues to show a downward trend over the last 12 months down from 90. The Trust compares favourably to peers in the West Midlands.</p>								
<p>Crude Mortality Crude Mortality is the number of deaths per year, per 1000 population.</p>		<p>Crude Mortality rates have consistently fallen year on year from 4.38% in 2019/20 to 3.06% in 2022/23 with a continuing trend in the 2023 calendar year to 2.85%. Absolute deaths have fallen compared with our 2019 baseline.</p> <p>Crude in-hospital Mortality Rate</p> <p>Created using data from Healthcare Evaluation Data system</p>								
Neonatal Mortality		<p>The National stillbirth rate is 3.54 (MBRRACE 2023) and it can be seen the crude stillbirth rate for Quarter 4 2023/2024 the rate has seen a significant increase, the rate has however remained below the national stillbirth rate over the rolling 12 months.</p> <table border="1"> <thead> <tr> <th></th> <th>Crude Rate</th> <th>National crude rate</th> <th>Number of stillbirths</th> </tr> </thead> <tbody> <tr> <td>Apr-23</td> <td>2.16</td> <td>3.54</td> <td>2</td> </tr> </tbody> </table>		Crude Rate	National crude rate	Number of stillbirths	Apr-23	2.16	3.54	2
	Crude Rate	National crude rate	Number of stillbirths							
Apr-23	2.16	3.54	2							

Quarter 1 2023/2024	May-23	2.43	3.54	1
	Jun-23	2.67	3.54	2
Quarter 2 2023/2024	Jul-23	2.67	3.54	0
	Aug-23	2.69	3.54	2
	Sep-23	2.68	3.54	2
Quarter 3 2023/2024	Oct-23	2.95	3.54	1
	Nov-23	2.92	3.54	0
	Dec-23	2.67	3.54	0
Quarter 4 2023/2024	Jan-24	2.44	3.54	0
	Feb-24	2.43	3.54	0
	Mar-24	3.40	3.54	4



The above chart provides a comparison of the stillbirth crude rate and national rate. In Quarter 4 2023/2024 in January (2.44), February (2.43) and in March (3.40), there has been an increase in the rate of stillbirth in Quarter 4, no specific trend has been identified on the initial review of cases.

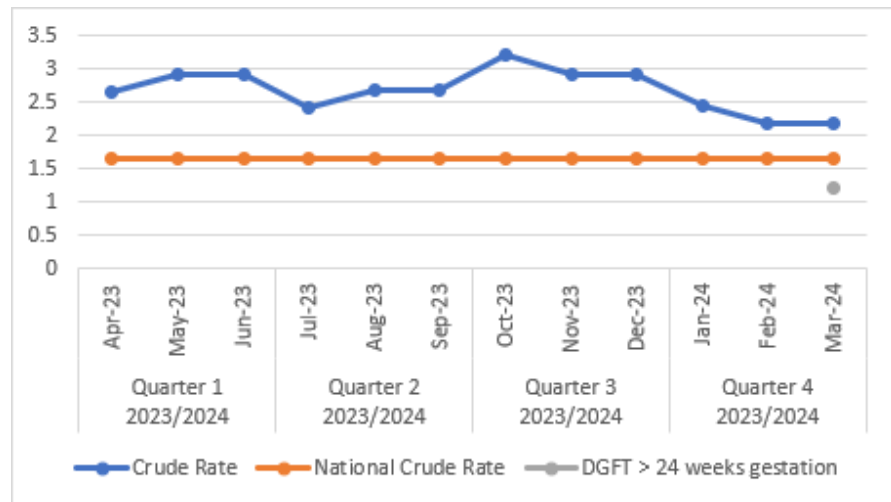
Neonatal deaths

The National Neonatal Death (NND) rate is 1.65 (MBRRACE 2023) and in Q4 2023/2024 the rate for NND has declined, however the NND rate remains higher than the national rate.

		Crude Rate	National Crude Rate
	Apr-23	2.65	1.65

Quarter 1 2023/2024	May-23	2.92	1.65
	Jun-23	2.92	1.65
Quarter 2 2023/2024	Jul-23	2.43	1.65
	Aug-23	2.69	1.65
	Sep-23	2.68	1.65
Quarter 3 2023/2024	Oct-23	3.2	1.65
	Nov-23	2.93	1.65
	Dec-23	2.92	1.65
Quarter 4 2023/2024	Jan-24	2.44	1.65
	Feb-24	2.19	1.65
	Mar-24	2.19	1.65

In Quarter 4 2023/2024 in January (2.44), February (2.19) and March (2.19) the crude rate is higher than the national rate 1.65 (MBRRACE 2023).



The above Chart allows comparison of the NND crude and the national crude rate. The rate continues to remain higher in Q4 2023/2024.

MBRRACE (2023) neonatal death crude rate (1.65) only includes NND from 24 weeks gestation and when DGFT rate is recalculated including NND >24 weeks gestation the rate is 1.21 per thousand births.

Saving Babies Lives (SBL) summary

Of the 10 components, 7 are at target or have improved to towards target levels (4 at 100%). Notably, administration of MgSO₄ has dropped from 100% to 50% but n=2 and one of the included cases was an emergency section and there was not time to administer Mg²⁺.

	<p>PeriPrem summary There is a huge overlap between SBL and PeriPrem (please note that some of the targets do differ). Progress is excellent with the majority of the components at 100%.</p> <p>ATAIN summary The review of findings in the period July 2023 to September 2023 (Q2 of 2023) has shown there is a reduction in term admissions when considering the higher number of births. There has been a gradual step down in term admissions to the NNU from 6.7% at beginning of the year to 4.3% of the total number of births.</p> <p>Thematic review of neonatal deaths summary The joint neonatal and maternity review of perinatal deaths was completed. Following themes were identified</p> <ul style="list-style-type: none"> • We are seeing a pattern for both stillbirths and in the thematic review that patients from more deprived backgrounds do appear to have poorer outcomes. • There is also a signal that families initially booked at Sandwell, and care is then transferred, have a less favourable outcome. This is being investigated further. • Clear leadership and helicopter overview of neonatal resuscitation- neonatal consultant rota is split. There is clear guideline when to call consultants. QIS nurses on each shift provide leadership on ground. • The vast majority of newborn deaths reviewed could have been predicted if we had had all the information available antenatally, the extreme preterm births would likely have the same outcome wherever they were born.
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The Trust recently received an external assurance mortality report from AQuA with comparative data across all Midlands Trusts.

2.3 Key quality improvement interventions

Whilst the impact of a coding change is evident in the SHMI, HSMR relating only to in hospital deaths has seen a continual decline over 12 months and can be attributed to a number of key interventions detailed in Appendix 2.

It should be noted that SDEC coding is planned to change imminently to the Emergency Care Data Set (ECDS) following guidance from NHS England/ NHS Digital. This will provide information on the reasoning for patient attendance at Emergency Departments. However, it will also provide data on the recording of Virtual Care (including virtual consultations) and Same Day Emergency Care (SDEC).

This current SDEC data set accounts for much of our medical admissions data and its exclusion will result in a decrease in recorded inpatient admissions. This will lead to a reduction in expected numbers of deaths based on the number of admissions - i.e. a reduction in denominator for SHMI. If the observed numbers of deaths remains the same, there will be a resulting increase in SHMI compared to other Trusts.

However, all NHS Trusts will be making the change at some point and as a consequence, all Trusts may reduce their admissions denominator. Given that SHMI is a comparison in mortality between all Trusts, it is possible that the impact on our individual SHMI will not be as great as

would be expected if we made the change unilaterally. It should be noted that not all Trusts within the Black Country aim to change to ECDS at the same time and so direct comparisons of SHMI between Trusts may be unreliable for a number of months after the change has occurred. It should be noted that this change should not have as much of an effect on HSMR which has previously remained stable and only reflects deaths in patients admitted to hospital.

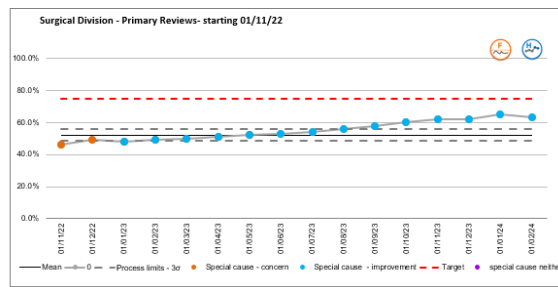
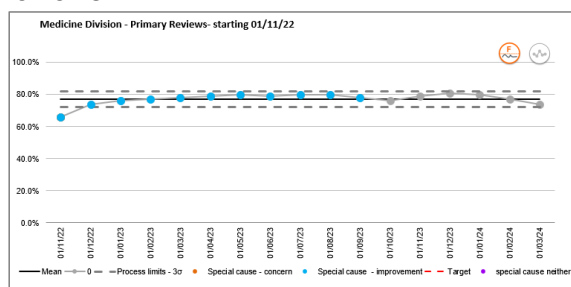
2.4 Assurance

Primary Reviews/Structured Judgement Review

Within the 12-month rolling period, 79% of Primary Reviews have been completed by specialties.

Division	Total deaths (rolling 12 months)	Completed Reviews (rolling 12 months)	Incomplete primary reviews (>30 days from death) 01/04/23 – 29/02/24
Medicine & Integrated Care	1326	996 (75%)	228 (19%)
Surgery Women & Children	336	192 (57%)	111 (37%)

The SPC charts below show compliance of the two divisions in completing primary mortality reviews.



Since January 2024, 86 SJRs have been requested with an 75% completion rate. 4% of the reviews were found to excellent care, 78% have good care, 11% adequate care and 7% had excellent care. 96% of the deaths were unavoidable and 4% were deemed to have slight evidence of avoidability.

As of the 1st April the Trust has moved in line with other peer Trusts and are taking the ME scrutiny as the primary review, the specialties will still review any patients where there is a concern, alert or learning to gained. The mortality leads are to be trained in completing the SJRs and will also reviewing any alerts received by the trust for their specialty to identify areas where improvement can be made and reporting back to MSG the actions taken to make these improvements. This decision has been made following consultation with the Medical Director, Trust Lead for Mortality, Chiefs of Surgery/Medicine, Audit leads for the specialties, Medical Examiner and the ICB.

Specific themes Arising from Structured Judgement Reviews: Jan – Dec 2023

- 11 cases were related to delays in medication/treatment/interventions.
- 5 cases were related to poor/unsafe discharge decisions.
- 17 cases were identified as having issues relating to DNA CPR/TERP/ReSPECT
- 15 cases were related to patients with severe mental health issues.
- 16 cases were reviewed under the requirements set out by LeDeR.
- 4 cases were reviewed as they died following elective surgery.

There were 3 cases where avoidability was identified - all of the cases were referred for Structured Judgement Reviews by the Governance Team.

Jan – Mar 2024

- 10 cases reviewed have been requested via the Governance Team - there has been no avoidability or harm identified in any of the cases.
- 2 deaths reviewed from ED should not have been conveyed from their care facilities to RHH as they were palliative patients, and it would have been kinder to allow them to die in familiar surroundings.
- Poor GSF documentation - many patients are not having the documented updated from N/A when clearly dying.

Learning Identified from Structured Judgement Reviews

- Improved discharge documentation and discussions around end of life with palliated patients and relatives could prevent inappropriate readmission.
- TERP documents need to be appropriately updated - many LD patients have been noted to have the LD as reasoning for not carrying out CPR. All have been altered following review by the LD Team and prior to the need for CPR.
- Difficult to identify ReSPECT plans as they are scanned into documents - should be a stand-alone document and visible on the SUNRISE banner.
- Patient with ReSPECT document, not for readmission to hospital as End of Life - but conveyed in following discussion with community palliative care and WMAS as they felt deterioration was too quick and there could be an infection - TERP re-instated in ED, then palliated and patient died less than 24 hours later in RHH.
- Multiple admissions despite ReSPECT document stating not for admission to hospital.
- Results of investigations need to be reviewed in a timelier manner and acknowledged.
- Large percentage of ED deaths are referred for review as they have been flagged as a 4-hour breach - it has been found that the predominate factor is due to Trust capacity and patient flow.

Medical Examiner Service

The Medical Examiners service has consistently reviewed 100% of deaths in the previous 12 months. There has been a steady increase in the number of community deaths referred. From April 2024, the money for the service has been received as part of the Service Development Fund via the ICB and will replace the current invoicing arrangements directly with NHSE.

	Total In Patient Reviews	% of inpatient deaths receiving a ME Review	Community Reviews
August 2023	121	100	95
September 2023	127	100	77
October 2023	159	100	90
November 2023	132	100	86
December 2023	185	100	97
January 2024	180	100	129
February 2024	155	100	96
March 2024	183	99.9	82

Community Deaths

The roll-out of the current Medical Examiner Service out into the community is progressing on target. The statutory date has been postponed past April 2024. There are currently 40 out of 42 GP surgeries forwarding deaths for scrutiny. The service is working with the 6 PCNs and have contacted all 42 surgeries.

2.5 Coroners Inquests

The Trust has noted reducing numbers of Coroner's inquests. There have been no Regulation 28 notices issued by the HM Coroner since 2018.

2.6 Work of Note

Martha's Rule

Adult, Maternity and Newborn Sunrise vital signs flowsheets will change on 23rd April 2024 to include a structured question to obtain information relating to the patient's condition directly from patients and their families. This must be asked at least daily. If the patient or family express significant concern that their condition is deteriorating, it will activate the Trust Deteriorating Patient Pathway, requiring escalation and senior clinical review. This is part of the Trust's implementation of Martha's Rule.

Verification of Death Policy

The Verification of Death policy has undergone a full rewrite following the digitalisation of the process and introduction of the Medical Examiners Service. The revision is currently out for consultation with ratification expected in May 2024.

Learning from Deaths Policy

The Learning from Deaths Policy has undergone a rewrite following the alteration in how mortality reviews are completed. The new version is currently out for consultation and ratification is expected in June 2024.

3 RECOMMENDATION(S)

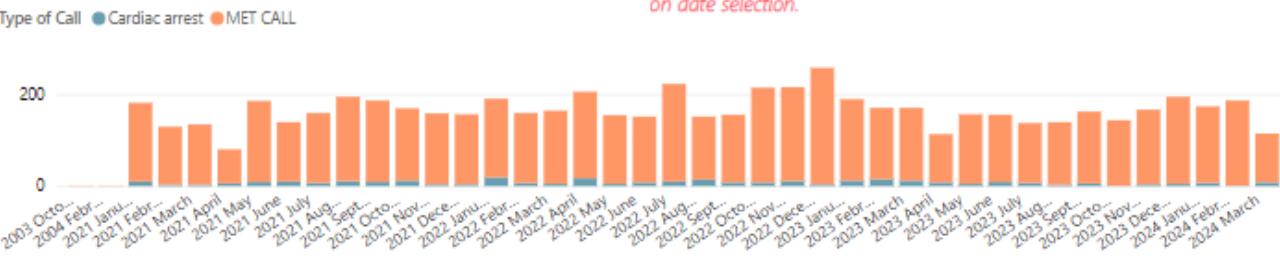
3.1 The Executive is asked to note the decreasing trend in SHMI and HSMR. It is likely that the improvement in HSMR / SHMI reflect an improvement in the denominator as well as quality of care and provides assurance in relation to previous alerts. Positive assurance related to quality of care includes SJRs output, falling HSMR with no weekend effect and no Regulation 28 notices in 5 years.

The progress against mortality related actions is reported via Quarterly Learning from Deaths reports submitted to Quality Committee and Trust Board.

Dr Philip Brammer, Dr Raj Uppal, Rebecca Edwards and Nuala Hadley

on behalf of Dr Julian Hobbs

3/4/2024

Intervention	Impact	Planned Work
Management of the deteriorating patient	<p>There has been a significant effort to improve the management of the deteriorating patient with the introduction of a deteriorating patient pathway and associated dashboard (Resuscitation, Deterioration & Sepsis - Deteriorating Patient Pathway) to improve oversight. This work is supported by an education programme accessible to all staff (Deteriorating Patient Education Program - Home).</p> <p>There has been a noted decrease in the number of MET calls and cardiac arrests as highlighted below with the significant decline in the most four recent months compared to previous years. December 2022-March 2023 saw 743 MET calls made compared to 619 in the comparable months in 23/24.</p> <p>Calls by Type, By Month (only calls made to 2222 switchboard) <i>Note data for latest month/week may be part month/week, this depends on date selection.</i></p>  <p>Type of Call ● Cardiac arrest ● MET CALL</p>	<p>Adult, Maternity and Newborn Sunrise vital signs flowsheets changed on 23rd April 2024 to include a structured question to obtain information relating to the patient's condition directly from patients and their families. This must be asked at least daily. If the patient or family express significant concern that their condition is deteriorating, it will activate the Trust Deteriorating Patient Pathway, requiring escalation and senior clinical review. This is part of the Trust's implementation of Martha's Rule: for more information click here.</p>
Pathway specific work	<p>A working group for the Fractured Neck of Femur has commenced with input from orthopaedic and anaesthetic colleagues. Areas of focus include improved time to surgery, a comprehensive review of the ortho geriatric service and There is work evaluating the seven day service working.</p> <p>Chest pain pathway group and Stroke/Acute Cerebrovascular Disease Mortality continues to report to Mortality Surveillance Group</p>	
Gold Standard Framework	<p>Gold Standards Framework (GSF) is a systematic, evidence based approach to optimise care for all patients approaching the end of life, delivered by generalist frontline care providers. Individual clinical area can work towards accreditation with 10 areas accredited to date. 7 key metrics are measured as outlined below.</p>	<p>Working with wards C4, B6 and C1a in preparation for re-accreditation in 2024</p>

Metric	Target	% Achieved November 23	% Achieved December 23	% Achieved January 24	
% GSF identified	30%	15.6%	16.2%	15.8%	<p>Working with C5 and C6 in preparation for accreditation in 2024</p> <p>Supporting other wards regarding baseline information including staff with competencies achieved, end of life care boxes and board</p>
% GSF amber and green with ACP offered	75%	27%	31%	38%	
% Hospital deaths with GSF Amber or red	60%	61%	68%	62%	
% GSF red and amber with DNACPR	80%	100%	99%	99%	
% GSF red with priorities for care	70%	50%	54%	57%	
% GSF red, amber and green with preferred place of care documented	70%	72%	73%	76%	
% GSF red or amber achieve preferred place of care on discharge/death	60%	57%	49%	57%	

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report title	Quality Account 2023-24
Sponsoring executive/presenterx	Martina Morris - Chief Nurse
Report author	Sharon Phillips – Programme Lead, NMP Lead Jo Wakeman – Deputy Chief Nurse

1. Suggested discussion points

The enclosed Quality Account has been produced and contains all information in line with national requirements.

Some comparative data/statements are currently not available or remain embargoed due their submission/publication dates. These relate to:

- National Inpatient Survey 2023 – this is currently embargoed until published in August 2024. As a result, this data will not be included in the published Quality Account. However, the 2022 data has been included.
- NHS Outcome Framework indicators are currently being reviewed following a merger between NHS Digital and NHS England as such, the 2023 publication has been delayed. As a result, this data will not be included in the published Quality Account.
- Information Governance 2023-24 toolkit data submission is not due until the 30th June 2024 therefore the results are not available at the time of this report. This data will be included should it become available prior to the publication of the Quality Account on 30th June 2024.

2. Alignment to our Vision

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

- Health and Adult Social Care Scrutiny Group (25/04/2024)
- Executive Team Group (15/05/2024)
- Integrated Care Board (15/05/2024)
- Healthwatch (15/05/2024)
- Council of Governors Experience and Engagement Committee (28/05/2024)
- Quality Committee (28/05/2024)
- Private Trust Board (13/06/2024)
- Full Council of Governors Meeting (20/06/2024)

4. Recommendation(s)

The Council of Governors is asked to:

a. Note the final Quality Account 2023/24

5. Impact

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



Quality Account 2023-24

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FOREWORD

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Account and includes the requirements of the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012. The Quality Account (and hence this report) aims to increase public accountability and drive quality improvement within NHS organisations. They do this by ensuring organisations review their performance over the previous year, identify areas for improvement and publish that information, along with a commitment to the public about how those improvements will be made and monitored over the next year.

Quality consists of three areas which are essential to the delivery of high-quality services:

- How safe the care is (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Some of the information contained within this Quality Report is mandatory. This report contains all of NHS England and NHS Improvement's detailed requirements for quality reports.

Scope and structure of the Quality Report

This report summarises how well The Dudley Group NHS Foundation Trust ('the Trust') did against the quality priorities and goals we set ourselves for 2023/24. It also sets out the Quality Priorities we have agreed for 2024/25 and how we intend to achieve them.

This report is divided into the following four parts:

Part 1 is a statement from the chief executive.

Part 2 sets out the quality priorities and goals for 2024/25 and explains how we decided on them, how we intend to meet them and how we will track our progress.

Part 3 includes statements of assurance relating to the quality of services and describes how we review them, including information and data quality. It includes a description of audits we have undertaken and our research work.

Part 4 includes performance against national priorities for 2023/24.

The annexes at the end of the report include the comments of our external stakeholders alongside a glossary of terms used

PART 1 - INTRODUCTION

1.1 CHIEF EXECUTIVE'S STATEMENT

Welcome to The Dudley Group NHS Foundation Trust's Quality Account for 2023/24.

I am proud to introduce and share this report that will take you through the key areas of quality that we monitor across our services; highlighting areas of good practice in the quality of services we provide, and areas where there are opportunities for improvement.

2023/24 has been quite the year for The Dudley Group. We continue to recover as quickly and safely as we can from the COVID-19 pandemic and embed quality improvement into our daily practice, whilst adapting to the 'new normal' for the NHS.

Industrial action has impacted on our ability to fully restore planned service but, through collaboration with our partners across the Black Country, I am pleased that we have ensured access to services continues and waiting times remain as low as possible.

In our Emergency Department we continue to deal with a high number of emergency patients, whilst across The Trust we continue to improve our performance for those waiting for planned care. We are proud that The Dudley Group has provided good service to our patients and achieved all the national indicators to reduce long waiters, and we have been able to support partners across the Black Country.

In partnership with the Black Country Provider Collaborative, we have worked hard to review any inequity of access and quality of clinical care in certain pathways and this work will progress in the coming months and years to ensure all patients across our area get the very best services possible.

Our core vision is to provide excellent healthcare and improved health for all through the services we provide, which has been supported over the last year through innovation and the development of our services. These include:

- The launch of the UK's first Complex Nutrition Virtual Ward program, based at Russells Hall Hospital supporting the earlier discharge of patients with known nutritional difficulties.
- Maternity unit and services for children and young people were both inspected by The Care Quality Commission (CQC) with both areas moving from a rating of 'requires improvement' to 'good,' an achievement which is down to the commitment and determination of our staff.
- Participating in the UK's first long distance proctoring surgical procedure which was carried out at Russells Hall Hospital by two consultants who were 170 miles apart.
- New dispensing robots were unveiled in the pharmacy department at Russells Hall Hospital.
- We joined a small number of NHS trusts nationally to have a new state-of-the-art robotic arm in place, which is transforming knee and hip replacement surgeries.

2024 will see the Trust continue to revolutionise care. With our patients and local population at the heart of our work, we will continue to do everything possible to maximise the number of patients that we can safely treat and ensure that patients on our waiting lists are regularly risk assessed and seen according to clinical priority. We will keep patients informed about any delays to treatment and ensure that they can contact us if their condition changes.

To ensure we deliver on quality in our areas, we monitor safety, clinical effectiveness, and patient experience through a variety of methods including:

- Quality Indicators - monthly audits of key nursing/midwifery and allied health professional interventions and their documentation. Each area has an electronic Quality Dashboard that all staff and patients can view so that the performance, in terms of the quality of care, is clear to everyone.
- Ongoing patient surveys that give a 'feel' for our patients' experiences in real time allowing us to quickly identify any problems and correct them.
- A variety of senior clinical staff attend the monthly three key sub-committees of the board to report and present on performance and quality issues within their area of responsibility: Quality and Safety Committee, Finance and Performance Committee and Workforce and Staff Well-being Committee.

- The Trust works with The Black Country Integrated Care Board to scrutinise the Trust's quality of care at joint monthly review meetings, and the executives from both organisations meet quarterly.
- External assessments of the Trust's services by regulators and peer review systems.

We are incredibly proud of all we have achieved this year and I want to end by expressing my sincere thanks to colleagues across every department at The Dudley Group. The commitment and resilience shown by colleagues drives our priorities and is key to the Trust successfully delivering the very best quality care for our patients whilst being a brilliant place to work and thrive. They should feel proud of their accomplishments as we look forward to the year ahead.

We know there is still a lot of work to do, and we remain fully committed to providing high quality, safe care for all patients and learn from our mistakes if we fall short of these standards. We will continue to drive improvement and to nurture a culture of excellence throughout the organisation.

Throughout this report we have included as much information as possible and are confident in the accuracy of the data we have published

To the best of my knowledge, the information in this document is accurate

1.2 OUR VISION AND VALUES



Our vision

Excellent health care, improved health for all

Our new vision is designed to be simple and memorable. It combines our desire to deliver excellent care for our patients but also recognises the impact that we have on the health of the wider population.



Our values

Our values support our vision and define how the Trust and every member of staff will work to deliver the best care possible. The current values were adopted by the Trust in 2015.

Staff told us that these values helped them during the COVID pandemic, providing a framework for them and what they expected from others.

The values are embedded into our local processes. They form part of the recruitment process and are included in annual appraisals, and this helps to keep them live and relevant.

We, therefore, believe that these values will still be relevant to us as we look ahead over the coming three years.



we provide safe, quality healthcare for every person – every time



we show respect for our patients, our visitors and each other – at all times



we take responsibility for everything we do – every day



Our goals

We have identified five goals, the pursuit of which will guide all that we will do.



Deliver right care every time – our desire to deliver care that is safe and effective. Where mistakes are made, we will learn from these and improve for the future.



Be the best place to work and thrive – we want to be recognised by our staff as the best place to work and to offer them opportunities to grow and develop regardless of who they are.



Drive sustainability – includes financial sustainability in the way in which we use resources and become more productive. Environmental sustainability. Environmental sustainability recognises the responsibility we have in reducing the harmful impact our activities have on the environment.



Build innovative partnerships in Dudley & beyond – includes partnering with other acute trusts in the Black Country, health and social care organisations, the voluntary sector in Dudley, local academic institutions and others who can help us achieve our goals.



Improve health and well-being and reduce inequalities – prioritising investment in areas which are likely to have the biggest impact on health outcomes and reducing health inequalities.



PART 2: PRIORITIES FOR IMPROVEMENT

2.1 QUALITY IMPROVEMENT PRIORITIES

Utilising internal intelligence, in consultation with internal and external key stakeholders and service user groups, the Trust commits to our quality priorities which are our focus for the upcoming financial year. Agreed key performance indicators related to the quality priorities are monitored on a continuous basis through the Trust's Quality Committee who provide oversight and receive assurance of the clinical care provided.

2.1.1 Looking Back

The table below provides a summary of the 2023/24 quality priorities as at the end of the year. This year has continued to be challenging with demand for acute services and continuing to reduce treatment time waits for our patients.

It is noted there have been some improvement against the 2023/2024 and more details are provided within this Quality Account.

PRIORITY 1 Using patient feedback to drive improvements (inpatient survey results)	
Quality Priority	Progress against Target
a) Leaving hospital - communication around discharge target = 71%, current baseline = 23%	<p>During 2023/24 there were 469 patients who completed a real-time inpatient survey. 59% of patients stated 'yes' when asked if they were spoken to about a plan to get them well enough to go home. 57% of patients stated that they were informed of their expected date of discharge.</p> <p>Target not achieved.</p> <p>Actions: Home for Lunch remains the primary discharge programme across the Trust and the focus. Clinical Discharge Facilitators (Band 6) have been introduced into the Discharge Team to help with improving the management of complex discharge patients and supporting the admin teams with increased clinical input.</p> <p>Retraining of clinical staff undertaken to ensure discharge checklists are completed routinely with patients as early in the patient journey as possible. Literature is now readily available at all points in the patient journey describing discharge pathways appropriate to the clinical areas. Introduction of Senior staff members to being available at set times daily to answer questions and find out the desired information.</p> <p>Progress is monitored through updates on progress against the workstreams at the Patient Experience Group meeting for assurance of recommendations having been completed and improvements made. In addition the documentation audit scores will focus on the discharge checklist completion and repeat real-time survey</p>
b) Improve complaint closure within 30 days to 50% by April 2023 baseline 40.5%	<p>In Q3, 265 complaints were closed with 107 (40.3%) being closed within 30 working days. This is a response rate of 40.3% which is a decrease from Q2, 2023/24 (44.7%) of 4.4%.</p> <p>For Q4, there were 247 complaints closed and of those 247 complaints, 117 (47.4%) were closed within 30 working days. This is an increase of 7.1% from Q3.</p>

	<p>For the year of 2023/24, there were 1059 complaints closed with 457 closed within 30 working days and a response rate of 43.2%. This is 6.8% short of the target of 50% this indicates that the service is currently not on track and the below actions are being taken to improve this.</p> <p>Complaints actions: There is a new formal process in place which includes clear escalation.</p> <p>Accessible online complaints training for staff were launched on 3 June 2024 and are accessible via the complaints intranet hub page for all staff. An online training module allows better accessibility to these training sessions which are already held face to face/over MS Teams. There will be access to training on how to navigate the complaints module in DATIX.</p> <p>Target partially achieved 43.2% target 50%</p>
<p>c) Reduce outstanding backlog by 70% by April 2023 baseline 39%</p>	<p>At the end of Q3, there were 137 total open complaints including reopened complaints and Ombudsman cases.</p> <p>There were 106 open complaints excluding reopened complaints and excluding Ombudsman cases. The backlog excluding reopened complaints and excluding Ombudsman cases was 43.</p> <p>For the end of Q4, there were 145 total open complaints including reopened complaints and Ombudsman cases.</p> <p>There were 101 open complaints excluding reopened complaints and excluding Ombudsman cases. The backlog excluding reopened complaints and excluding Ombudsman cases is 26 (25.7%).</p> <p>Target achieved 74.3% target 70%</p>

Priority 2 for 2022/23: Treating patients in the right place, at the right time PRIORITY 2 Treating patients in the right place, at the right time	
Quality Priority	Progress against Target
<p>a) Every inpatient ward will identify one to two patients every day (seven days per week) as part of 'Home for Lunch' initiative.</p>	<p>The Trust has not met the 30% KPI for all inpatient discharges to be achieved before lunch consistently Monday to Sunday. However, it is noted there has been significant improvement in the number of in-patients discharged before 12.00 o'clock, especially Mondays and Weekends.</p> <p>From November'2023, the Trust opened additional capacity beds with the purpose to free acute capacity in response to the demand required by our emergency attendances. The Trust proactively transferred any patients that could go home for lunch and any predicted for discharges for the following day where possible into the discharge lounge. Processes have been strengthened to support early opportunities for discharge combined with proactive patient care planning and treatment.</p> <p>The Home for Lunch team has provided focused support for the Surgical Division which achieved statistically significant improvement in early discharges, decreased length of stay and overall discharge performance Monday to Sunday across all specialties. Despite the improvement the overall target was not achieved.</p>

Medicine Division

% Home For Lunch Against All Ward Discharges (including those through Discharge Lounge)															
Year	2023												2024		
Ward	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
AMU A4	21	14	22	15	12	18	20	27	6	21	18	14	2	15	14
AMU Assessment	10	20	15	22	18	21	16	15	24	15	16	18	15	8	7
AMU1	4	9	8	9	6	18	10	13	18	10	12	14	9	12	7
AMU2	11	16	22	20	16	22	18	15	13	14	13	10	10	7	12
B6 FRAILTY SHORT STAY WARD	22	28	38	37	35	24	25	22	39	26	25	26	28	30	24
CCU	3	12	14	5	9	18	6	6	6	11	8	12	8	7	0
East C1A	33	28	33	21	30	29	32	36	33	22	25	24	25	16	26
EAST C1B	32	27	20	17	26	33	18	23	12	22	18	16	9	25	25
East C3	45	27	30	43	46	37	43	46	28	34	41	28	28	31	50
FMNU	27	33	22	24	18	37	16	37	3	6	19	13	26	34	28
Medical Enhanced Care Unit (MECU)	0	40	0	14	16	14	0	0	0	0	0	6	20	10	7
POST CCU	6	10	6	18	15	13	18	4	4	10	2	7	10	8	10
West C4 - Georgina Unit	16	20	23	10	16	19	9	17	16	12	23	20	15	15	23
West CSA	15	9	29	10	17	20	20	16	11	19	14	13	13	19	10
WEST C5B	9	12	16	10	17	24	24	27	24	21	11	19	11	22	10
West C7	25	26	24	29	22	25	26	26	17	34	18	16	22	24	23
WEST C8 - ASU	14	21	25	33	21	27	23	30	12	13	29	17	38	14	28
West C8 - HASU	20	13	11	20	2	11	9	23	11	9	23	4	11	5	6
WEST C8 - STROKE REHAB	8	25	20	25	24	24	20	25	16	17	18	19	22	13	14

Surgical Division

% Home For Lunch Against All Ward Discharges (including those through Discharge Lounge)															
Year	2023												2024		
Ward	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
East B1	12	14	13	13	13	15	14	10	18	12	17	15	18	14	17
EAST B2 - HIP # SUITE - ST3	13	25	15	20	25	18	45	43	26	42	17	7	16	20	23
EAST B2 - HIP # SUITE - ST4	0	46	30	9	46	20	37	26	15	15	23	17	20	30	28
EAST B2 - TRAUMA - ST2	16	20	26	21	25	22	18	20	25	6	33	30	25	30	21
EAST B2 - TRAUMA - ST1	13	20	11	20	24	21	27	21	33	14	29	25	23	22	30
East B3	16	15	17	15	20	25	19	14	26	12	17	17	18	21	14
EMERGENCY SURGERY HUB AREA 2	15	18	16	12	15	18	10	8	8	11	10	26	18	21	23
EMERGENCY SURGERY HUB AREA 3	11	12	16	13	8	10	14	13	14	16	13	18	15	17	3
West B4A	20	12	17	16	15	20	21	18	23	28	23	24	13	16	23
WEST B4B	16	23	17	8	15	17	17	25	13	29	26	30	23	35	23
West C6	9	16	8	15	21	18	12	13	15	10	12	11	9	6	11

Target not achieved.

b) Improved use of the discharge lounge, both seated and bedded areas, for all definite discharges target average 30 patients per day

The Discharge lounge has been utilised as an inpatient area from October 2023 – April 2024 to support winter pressures.

The key focus now will be to work closely with the Discharge team and to liaise with the site team to ensure patients admitted to the lounge are medically optimised for discharge to de-escalate and return to a fully operational discharge lounge 7 days per week.

The main aim is to have 30 patients discharged via the lounge per day when patients are no longer bedded in this area. Prior to the lounge being bedded 25 patients on average were discharged via the lounge across Medicine and Surgery.

Target not achieved – Discharge opened to additional capacity since October 2023.

c) All discharge communication with patients, carers and families and third parties are initiated on admission

Admissions document is completed, and patients assigned discharge pathways within 24 hours of admission, indicating what additional support if any maybe required to aid timely discharge. This has now gone live and monitored via Discharge Dashboard and the Complex Discharge Team.

Target achieved

PRIORITY 3 Reducing avoidable harm	
Quality Priority	Progress against Target

a) The backlog of pressure ulcers has made significant improvements; however, there remains 20 incidents that require review by the scrutiny group.	Target achieved for whole year 2022/23 and there has been no backlog of pressure ulcer incidents that required review. Target achieved.
b) Clear outstanding incident backlog for category 3 and 4 pressure ulcers up until March 2024	Target achieved for whole year 2022/23 and there has been no backlog of pressure ulcer category 3, 4 and unstageable. Target achieved.
c) Develop systems to promote timely investigation and validation of pressure ulcers recorded via the DATIX system.	This year has seen a review of the process to maintain timely oversight of pressure ulcers with weekly pressure ulcer groups to determine if harm has occurred. At the time of this report incidents relating to category 3, 4 and unstageable pressure ulcers undergo a review within 10 days of reporting. Target achieved.
d) Identify and report pressure ulcers earlier in patient pathway anticipating an increase in reported category 1 and 2s correlating to reduction of reported category 3 and 4s.	There has been a rise in category 2 reported incidents. This is indicative that pressure ulcers are potentially being reported earlier in the patient pathway. It is recognised there may be other reasons for this reporting of higher numbers of category 2 pressure ulcers. Target achieved.

2.1.2 Looking Forward

2023/2024 has seen unprecedented demand for emergency services coupled with delayed transfers of care creating a bottle neck within acute services. Despite the challenges facing the Trust, the Trust is committed to driving forward improvements that enhance our patient care and their experience whilst in our care at The Dudley Group of Hospitals NHS Foundation Trust.

Priority 1 Management of diabetes across all service within DGFT

Why we chosen this (rationale)

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.

The Trust noted the high number of incidents but there is no single repository that shows categories of harm at a glance.

Availability of hybrid closed loop systems for managing blood glucose levels is insufficient to meet demand as recommended by NICE 2023.

Where do we want to be ?

- 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.

Responsible person/team

Endocrinology Consultant

Priority 2. Improve patient outcomes admitted with a fractured neck of femur

Why have we chose this (rationale)?

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.

Where do we want to be ?

- The aim is that the trust will be back within the expected range of 100 within 12 months and maintaining this.
- Improvement group has been 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 area to ensure that admission to a specialised ward/unit within an appropriate time is critical as per national standards.
- Reduction of theatre delays.

Responsible person/team

Clinical Director

Priority 3 Improve outcomes for our patients admitted with cerebral vascular accident.

Why have we chosen this (rationale)?

Stroke SHMI is elevated at 135 and there is evidence of reduced Sentinel Stroke National Audit programme (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 always achieved SSNAP level C with prioritisation of a thrombolysis bed and rapid vetting of CT head requests has been facilitated. There is still a challenge with swallowing assessments being completed on time, which is being reviewed by the senior AHP team.

Where do we want to be?

- 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.
- 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.

Clinical Director

Priority 4 to improve our patient survey results in four key areas as identified as main themes from 2022 results received by the Trust October 2023

Why have we chosen this (rationale)?

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 trusts. The Trust is in the bottom 5 of trusts with the lowest score in comparison to other trusts within the region.

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.

Where do we want to be?

The patient survey results highlight four key themes as detailed below with communication running through each of the themes. The Chief Nurse has agreed Responsible Senior Officer (RSO) to support each work stream.

To improve our patient experience results in the following areas.

- Pain –Divisional Chief Nurse in Surgery
- Nutrition and hydration –Chief AHP
- Discharge –Divisional Chief Nurse in Medicine

Data will be captured each month through our volunteers and audits within AMaT, to monitor improvements and inform interventions. This will allow for triangulation of data with our RSO ensuring the voice of our patients is reflected in future developments.

The RSOs will report through patient experience on progress.

- The aim is to improve our overall scores through providing a better patient experience.

Responsible person/team

Deputy Chief Nurse

Priority 5 Improve care delivered to our patients who have Dementia or Delirium

Why have we chosen this (rationale)

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.

Our Dementia data against find, refer and treat has been inconsistent and below agreed compliance.

Chemical restraint requires further education improving accuracy of data within DATIX.

To understand the high readmission rates for those patients with delirium.

Where do we want to be?

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.

- Aim to 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.

Responsible person/team

Deputy Chief Nurse

Priority 6 To improve the service we provide to those patients with learning disabilities

Why have we chosen this (rationale)?

The NHS learning disability standards benchmarking exercise has identified gaps in the current Trust wide provision offered to people with a learning disability.

Where do we want to be?

- 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.

The Learning Disability Standards action plan will be monitored through Internal Safeguarding Board (ISB) and report into Patient Experience committee.

Responsible person/team

Deputy Chief Nurse

How will we monitor and share progress of our Quality Priorities?

Monitoring of the Quality Priorities will be through a quarterly report to the Quality Committee who will monitor the Trust's progress whilst supporting to resolve any barriers to ensure we achieve our priorities.

PART 3: STATEMENTS OF ASSURANCE

3.1 REVIEW OF SERVICES

During 2023/24, The Dudley Group NHSFT provided 59 hospital and community NHS relevant health services. A detailed list is available in the Trust's 'Statement of Purpose' available on our website [CQC Registration - Aims and Objectives \(dgft.nhs.uk\)](https://www.dgft.nhs.uk).

The Dudley Group NHS Foundation Trust has reviewed all the data available on the quality of care in all its services through its permanence management framework and its assurance and governance processes.

The income generated by the relevant health services reviewed in 2023/24 represents 99.6% of the total income generated from the provision of relevant health services in The Dudley Group NHS Foundation Trust.

3.2 PARTICIPATION IN NATIONAL CLINICAL AUDITS, NATIONAL CONFIDENTIAL ENQUIRIES, AND LOCAL CLINICAL AUDIT

During 2023/24, 46 national clinical audits and 5 national confidential enquiries covered relevant health services that the Trust provides.

During that period, the Trust participated in 97 per cent of the national clinical audits and 100 per cent of the national confidential enquiries of which we were eligible to participate in.

There was one national audit the Trust did not participate in as this was co-ordinated at ICB level during 23/24.

- Fracture Liaison Service Database (FLS-DB)

Tables 1 and 2 below show details of this participation in relation to:

- The national clinical audits and national confidential enquiries that The Dudley Group NHS Foundation Trust was eligible to participate in, and for which data collection was completed during 2023/24.
- The national clinical audits and national confidential enquiries that The Dudley Group of Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2023/24. To include the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

Table 1

National programme name	Work stream / Topic name	Participation	Data Collection completed	No. and % of cases / questionnaires submitted against number required	Time Period Submitted
BAUS Nephrostomy Audit	N/A	Yes	Yes	100%	Oct to Nov 2023
Breast and Cosmetic Implant Registry	N/A	Yes	Yes	40 (100%)	2017 -2023
British Hernia Society Registry	N/A			Not Applicable to Trust	
Case Mix Programme (CMP)	N/A	Yes	Yes	660 1(00%)	April 2023 to March 2024
Cleft Registry and Audit NETwork (CRANE) Database	N/A			Not applicable to Trust – procedure not carried out	
Emergency Medicine QIPs	Infection Control	Yes	Yes	318	Oct 22 to Oct 23
Emergency Medicine QIPs	Mental Health	Yes	Yes	318	Mar 23 – Sept 23
Emergency Medicine QIPs	Older People	Yes	Yes	105	April 23 to Sept 23
Epilepsy 12 - National Audit of Seizures and Epilepsies for Children and Young People	Epilepsy12 has separate workstreams/data collection for: Clinical Audit, Organisational Audit	Yes	Yes	Organisation audit - submitted 118 patients	April 2023 to March 2024
Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture Liaison Service Database (FLS-DB)	No	No	No service currently. This is being coordinated at an ICB level during 2024.	N/A

National programme name	Work stream / Topic name	Participation	Data Collection completed	No. and % of cases / questionnaires submitted against number required	Time Period Submitted
Falls and Fragility Fracture Audit Programme (FFFAP)	National Audit of Inpatient Falls	Yes	Yes	7	April 2023 to March 2024
Falls and Fragility Fracture Audit Programme (FFFAP)	National Hip Fracture Database	Yes	Yes	501	Apr 23 to Feb 24
Gastro-intestinal Cancer Audit Programme (GICAP)	National Bowel Cancer Audit	Yes	Yes	63 (100%)	21/22 data in 2023 annual report
Gastro-intestinal Cancer Audit Programme (GICAP)	National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	75 (100%)	21/22 data in 2023 annual report
Inflammatory Bowel Disease Audit	N/A	Yes	Yes	1526	April 2023 to March 2024
LeDeR - learning from lives and deaths of people with a learning disability and autistic people	Mortality Surveillance	Yes	Yes	14 deaths	April 2023 to March 2024
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRACE)	Maternal mortality surveillance and confidential enquiry (confidential enquiry includes morbidity data)	Yes	Yes	28	April 2023 to March 2024
Mental Health Clinical Outcome Review Programme1				Not applicable to Trust – Mental Health Trusts	
National Adult Diabetes Audit (NDA)	National Diabetes Core Audit1			Not applicable to Trust – Primary Care	
National Adult Diabetes Audit (NDA)	National Diabetes Foot Care Audit	Yes	Yes	100%	April 2023 to March 2024
National Adult Diabetes Audit (NDA)	National Diabetes in Pregnancy Audit	Yes	Yes	42 100%	1st January 2023 to 31st December 2023
National Adult Diabetes Audit (NDA)	National Diabetes Inpatient Safety Audit (NDISA)	Yes	Yes	8 100%	April 2023 to March 2024
National Asthma and COPD Audit Programme (NACAP)	Adult Asthma Secondary Care	Yes	Yes	80 (100%)	April 2023 to March 2024
National Asthma and COPD Audit Programme (NACAP)	Chronic Obstructive Pulmonary	Yes	Yes	336 (100%)	April 2023 to March 2024

National programme name	Work stream / Topic name	Participation	Data Collection completed	No. and % of cases / questionnaires submitted against number required	Time Period Submitted
	Disease Secondary Care				
National Asthma and COPD Audit Programme (NACAP)	Paediatric Asthma Secondary Care	Yes	Yes	72 (100%)	April 2023 to March 2024
National Asthma and COPD Audit Programme (NACAP)	Pulmonary Rehabilitation Organisational and Clinical Audit	Yes	Yes	229 (100%)	April 2023 to March 2024
National Audit of Care at the End of Life (NACEL)	N/A	Yes	Yes	Organisational audit submitted · Case Note Review – 50 submitted · Quality Survey – 33 responses received · Staff Reported Measures – 97 responses received	April 2023
National Audit of Dementia	Care in general hospitals	Yes	Yes	Cases submitted 80 out of 80	April 2023 to March 2024
National Bariatric Surgery Registry				Not applicable to Trust – procedure not carried out	
National Cardiac Arrest Audit (NCAA)	N/A	Yes	Yes	71 (100%)	Jan to Dec 2023
National Cardiac Audit Programme (NCAP)	National Congenital Heart - Disease Audit (NCHDA)			Not applicable to Trust – procedure not carried out	
National Cardiac Audit Programme (NCAP)	The UK Transcatheter Aortic Valve Implantation (TAVI)			Not applicable to Trust – procedure not carried out	
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	218	April 2023 to March 2024
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rehabilitation	Yes	Yes	Unable to determine numbers	April 2023 to March 2024
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes	Devices/Implants 395/399 = 99% Ablation 1/1/ =100%	April 2023 to March 2024
National Cardiac Audit Programme (NCAP)	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)			Not applicable to Trust – Primary Care	
National Cardiac Audit Programme (NCAP)	National Audit of Mitral Valve			Not applicable to Trust – procedure not carried out	

National programme name	Work stream / Topic name	Participation	Data Collection completed	No. and % of cases / questionnaires submitted against number required	Time Period Submitted
	Leaflet Repairs (MVLRL)				
National Cardiac Audit Programme (NCAP)	National Audit of Percutaneous Coronary Intervention (NAPCI)			Not applicable to Trust – procedure not carried out	
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Yes	Yes	699	April 2023 to March 2024
National Child Mortality Database (NCMD)	N/A	Yes	Yes	100%	April 2023 to March 2024
National Clinical Audit of Psychosis (NCAP)				Not applicable to Trust – Mental Health Trusts only	
National Comparative Audit of Blood Transfusion	2023 Bedside Transfusion Audit	Yes	Yes	Audit only started in late March 2024 – not completed yet	Delayed start nationally
National Comparative Audit of Blood Transfusion:	Audit of Blood Transfusion against NICE Quality Standard 138	Yes	Yes	40 (100%)	April 2023
National Early Inflammatory Arthritis Audit	N/A	Yes	Yes	41	April 2023 to March 2024
National Emergency Laparotomy Audit (NELA)	N/A	Yes	Yes	142	April to Dec 2023
National Joint Registry	10 workstreams that all report within Annual report: Primary replacement and revision of replacement for <ul style="list-style-type: none"> • hip • knee • shoulder • elbow • ankle 	Yes	Yes	662 (100%)	April 2023 to March 2024 (per NJRcentre website)
National Lung Cancer Audit	N/A	Yes	Yes	179	21/22 data in 2023 annual report
National Maternity and Perinatal Audit (NMPA)	N/A	Yes	Yes	3618	Jan to Dec 2023
National Neonatal Audit Programme (NNAP)	N/A	Yes	Yes	100% cases	Cases automatically gathered from the Badger system

National programme name	Work stream / Topic name	Participation	Data Collection completed	No. and % of cases / questionnaires submitted against number required	Time Period Submitted
National Ophthalmology Database Audit (NOD)	Adult Cataract Surgery Audit	Yes	Yes	581 (86%)	Jan to Dec 2023
National Paediatric Diabetes Audit	N/A	Yes	Yes	210	April 2023 to March 2024
National Perinatal Mortality Review Tool	N/A	Yes	Yes	23 (100%)	April 2023 to March 2024
National Prostate Cancer Audit (NPCA)	N/A	Yes	Yes	925 (100%)	Jan to Dec 2022 – from Somerset Regi
National Vascular Registry	N/A	Yes	Yes	528	April 2023 to March 2024
Paediatric Intensive Care Audit Network				Not Applicable to Trust – no specific Paediatric ICU	
Perioperative Quality Improvement Programme	N/A	Yes	Yes	Patients	
Prescribing Observatory for Mental Health				Not applicable to Trust – Mental Health Trust requirement	
Renal Audits Previously listed under Chronic Kidney Disease Registry and/or UK Renal Registry	National Acute Kidney Injury Audit	Yes	Yes	100% Data submitted directly to Renal Registry	April 2023 to March 2024
Renal Audits Previously listed under Chronic Kidney Disease Registry and/or UK Renal Registry	UK Renal Registry Chronic Kidney Disease Audit	Yes	Yes	100% Data submitted directly to Renal Registry	April 2023 to March 2024
Respiratory Audits	Smoking Cessation Audit- Maternity and Mental Health Services	Yes	N/A	N/A	Audit abandoned nationally July 2023
Sentinel Stroke National Audit Programme (SSNAP)	N/A	Yes	Yes	515 (90%+)	April 2023 to March 2024
Society for Acute Medicine Benchmarking Audit (SAMBA)	N/A	Yes	Yes	159	
Trauma Audit & Research Network (TARN)	N/A			No national TARN audit in 2023.24 due to data breach at host site	
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	N/A			Not applicable to Trust – condition not routinely managed in Trust	

Table 2 – NCEPOD Studies for April 2023 – March 2024.

Name of Study	Number of cases included	No. and % of cases / questionnaires submitted against number required	No. of case notes submitted	No. of organisation questionnaires submitted
Community acquired pneumonia	8	4/8 (50%)	4	1
Testicular torsion study	6	4/6 (67%)	4	1
End of Life Care	6	6/6 (100%)	6	1
Endometriosis	6	3/6 (50%)	3	1
Juvenile idiopathic arthritis study	2	1/2 (50%)	1	1

National Clinical Audit Reports Reviewed by the Provider

The reports of 20 national clinical audits were reviewed by the provider in 2023/24 and The Dudley Group NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Below are some examples from across the Trust of actions taken to improve the quality and safety of our services as findings of local clinical audit.

Specialty	Brief description of audit/outcome/improvements	Actions taken/to be taken
Critical Care	ICNARC Case Mix programme discussed at May QPDT meeting. 10 indicators within accepted targets including risk adjusted acute mortality	None required
Diabetes	National Diabetic Foot Audit met all five recommendations in 2022 report..	None required
Anaesthetics	The findings for the NELA project were presented and two recommendations for change were made. 1) Develop a SOP which will ensure an Optimised pathway of care for Emergency Laparotomy Patients 2) Formal assessment of frailty for all patients over 65 years	The SOP is currently under development and Frailty Assessments are now carried out for patients over 65.
Urology	The National Prostate Cancer Audit Report was reviewed and the Trust met the Key Recommendation that 90% of patients with newly diagnosed prostate cancer have TNM staging. The Trust currently has 96% of patients meeting that standard.	No action required
Learning Disabilities	The LeDeR report was discussed at the ISB and no actions were identified for the Trust	No actions required
Maternity	Pregnancy in Diabetes Audit - Areas of improvement identified: <ul style="list-style-type: none"> • 5mg folic acid commenced in preconception period • HbA1c at booking requires improvement • First contact with diabetes team < 10 weeks' gestation 	Actions will be agreed when report presented in May 2024
Maternity	MBBRACE UK 2023 report has been reviewed however no local recommendations were made.	No actions required
Rheumatology	The report identified 5 recommendations. 4 of which were identified as areas to be taken forward by the specialty.	1) Rheumatology consultant of the week has been introduced to ensure that patients can be triaged as early as possible. 2/3) Additional outpatient department slots to ensure that patients are seen within 3 weeks and started on DMARDS within 6 weeks.

Specialty	Brief description of audit/outcome/improvements	Actions taken/to be taken
		4) Patients are provided with ongoing education.

3.3 LOCAL CLINICAL AUDIT

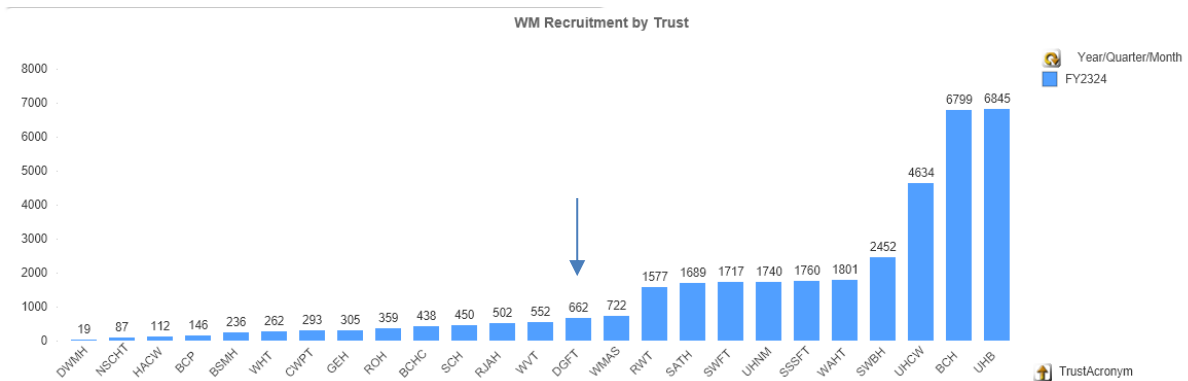
The reports of 171 local clinical audits were reviewed by the provider in 2023/24 and The Dudley Group NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Below are some examples (one from each division and one from Trust wide) from across the Trust of actions taken to improve the quality and safety of our services as an outcome of local clinical audit

SPECIALTY	AUDIT TITLE	ACTION PLANNED	IMPROVEMENT
Diabetes	Diabetes Education Programme for Junior Doctors	Pharmacist delivered diabetes training to be held in IT training suite using practical scenarios and case-based discussions at 'Better Training Better Care' sessions.	Ongoing programme now in place
Emergency medicine	The investigation and early management of exacerbation of COPD	Storage cupboard at the front triage area needs to have a stock book/regular checklist etc,	Front triage area salbutamol nebulas available for use
Gastroenterology	Use of the 'Decompensated Cirrhosis Discharge Bundle' in RHH patient discharges	Introduce Electronic Liver (decompensated cirrhosis discharge bundle) on Sunrise	Electronic Liver (decompensated cirrhosis discharge bundle) went live on Sunrise on 26.10.23
Respiratory	Lung Cancer Pathway Audit – increase in mortality	LIT meeting to be set up between primary and secondary care to review delays leading up to referral to rapid access	LIT meeting in place with clear programme to reduce delays
Stroke	Improving Mortality	A protocol for ICH management will be drafted and circulated for wider consultation before being available on the trust intranet.	A protocol for ICH management has been developed
Critical Care	Targeted Temperature Management (TTM) in critical care for all patients post Return of Spontaneous Circulation (ROSC) following community and in hospital cardiac arrest	New Trust Guidance to be written based on National guidance and current research. Following its publication, critical care can follow a post ROSC care bundle	Guidance has been written and presented to the critical care team. A bedside guide is being made and implemented
General Surgery	Percutaneous Cholecystostomy: an effective intervention to treat biliary sepsis in critically ill and patients not fit for surgery	The decision to perform percutaneous cholecystostomy should be individualised and guided by application of Tokyo severity grading for all patients with acute cholecystitis along with morbidity scoring with ASA and/or P-POSSUM. Patients who are deemed fit for surgery following resolution of the acute episode should be prioritised.	Risk stratification based on Tokyo guidelines and ASA/P-POSSUM score has been achieved and is ongoing. Registrars and consultants agreed to prioritise patients for surgery who become fit for surgery after the procedure.
Neonates	PERIPrem - Perinatal Excellence to Reduce Injury in Premature Birth	Employ STORK practitioners	2 practitioners now in place and working with mothers.
Vascular Surgery	Assessment of Lower Limb Revascularisation in Patients with CLTI - Are we meeting the CQUIN targets?	Limb salvage 'hot' clinics – specialist review, imaging, discuss with radiology, consent Critical limb consultant of the week	The team on B3 have set up a vascular surgery hot clinic on the ward.

3.4 RESEARCH AND INNOVATION (R&I)

The number of participants receiving relevant health services provided or subcontracted by The Dudley Group NHS Foundation Trust that were recruited during 2023/24 period to participate in research. There were 697 approved by the research ethics committee and 662 went into a NIHR portfolio adopted studies. Table 1 and 35 were carried out as non-portfolio studies). During this period, we have had 96 studies open to recruitment, (16 of which have closed during this year). These studies consisted of 9 commercial studies (4 have now closed) and 83 non-commercial studies (12 have now closed), with a further 25 studies currently in set-up.

Table 1: 2023-24 Recruitment to studies in the West Midlands



The balance of the portfolio across specialties covers anaesthetics and critical care, cancer, cardiology, chemical pathology, dermatology, diabetes, education gastroenterology, general surgery, geriatrics, haematology, immunology, mental health, neurology, orthopaedics paediatrics, renal, rheumatology, respiratory, reproductive health, stroke, vascular, and urgent public health all continuing to participate or express an interest in research. Interest in research across non-medical/Allied Health Professions (AHP) staff groups has increased with a number of staff being supported to progress innovation or research ideas.

3.4.1 Innovation

The department has recently taken on the responsibility for all innovation across the Trust, with a formal process now developed and shared on the Trust Hub pages (the Department name has changed to Research and Innovation). The monitoring and reporting of all innovation projects is now also underway. We are working closely with the Health Innovation Network West Midlands and MidTech to develop ideas further. There are currently 15 innovation ideas logged, with 7 of those actively progressing forward.

3.4.2 University Hospital Status

The Trust is leading work towards the Trust vision of submitting a University Hospital Status application (a joint bid with Sandwell and West Birmingham Hospitals NHS Trust), working with our primary academic collaborator, Aston University. Progress has been made in terms of obtaining statistician support, PhD studentships and an increase in grant applications, although we are yet to be successful in acquiring a competitive NIHR research grant, to support the UHS application requirements. Across the Trust Research, Innovation and Education have shown many examples of excellence and we are 'showcasing' some of these areas through staff videos that will formulate part of the application process for UHS.

The Nurse Consultant in Trauma and Orthopaedics and Director of Research and Innovation for the Trust has been appointed as an Honorary Associate Professor at Aston University. The University

grants honorary professorships to people of 'significant renown within their own discipline'. The position is for five years and allows a strong working relationship between the Trust and the university. It also allows them to share her expert knowledge and contribute to the education of the students so they may reach their full potential.

3.4.3 Training and Infrastructure

The Trust held its second Trust Research and Evidence-based Practice Seminar event on 21st February 2024, which was highly successful with a wide range of speakers and good attendance, including staff from other local Trusts and university staff. We plan to hold further events throughout the year.

The Trust continues to support student nurses and AHP placements on a regular basis, mainly from Wolverhampton and Birmingham universities. We received extremely positive feedback from the students regarding their placement within the research and development team.

The department has continued to promote research related training sessions on Good Clinical Practice and Principal Investigator Essentials Masterclasses. We also support staff Research Champions and have regular attendance at the meetings and training sessions. We hold monthly lunchtime drop-in meetings to support any research and innovation ideas, on an ongoing basis.

3.4.4 Celebrating Success

The Trusts Cardiology Research team were nominated for the NIHR Clinical Research Network West Midlands 'Contribution to Research' award and subsequently were winners. From technological innovations to amplifying the voices of minority populations - the range of clinical research in the West Midlands was celebrated at Grand Central Wolverhampton, October 2023. The aim of this event is to celebrate the innovative work that is undertaken, and the commitment demonstrated by health and care colleagues to improve the region's capacity and capability for research delivery. Trophies and certificates were presented to winners across 10 categories with nominations from across the midlands.

The Paediatric Team and Research Team successfully enrolled the first patient in Europe into a Phase 2 Dose Finding Paediatric Functional Constipation study.

3.4.5 Public engagement

The Trust have held some patient - public involvement focus groups in the community in collaboration with local general practices, to inform a NIHR Research for patient benefit grant application.

We participate in the NIHR National Patient Research Experience Survey (PRES) throughout the year obtaining patients' views on their experience of taking part in research. The results of the surveys are published annually on the NIHR website.

We have a patient representative who attends our Research, Education and Innovation Group, attends Trust Listening into Action patient events, and is a member of our Research Protocol Review Panel for any 'home grown' studies.

Publications

Trust publications for the calendar year 2023-2024 logged and available on the Library Services Open Repository, including conference posters, stands at 125

<https://westmid.openrepository.com/handle/20.500.14200/5>

3.5 COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) PAYMENT FRAMEWORK

A proportion of The Dudley Group NHS Foundation Trust income (1.25%) was conditional on achieving quality improvement and innovation goals agreed between the Black Country and West Birmingham Integrated Care System (ICB) and NHS England Prescribed Specialised Services for the provision of relevant health services through the Commissioning for Quality and Innovation Payment framework.

There are 8 incentivised CQUINs, with 12 CQUINs to be undertaken for reporting and quality monitoring. Full payments were included within contractual sums, no clawbacks are anticipated for underperformance, as we continue to provide demonstrable evidence of engagement.

3.6 CARE QUALITY COMMISSION (CQC) REGISTRATION AND REVIEWS

The Trust is required to register with the Care Quality Commission (CQC), which has been in place since 2010, and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against the Trust during 2023/24.

The Dudley Group NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Trust was last comprehensively inspected in January/February 2019 and the report was published in July 2019, the result of which was an overall rating of 'Requires Improvement'.

Ratings for the whole trust



The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

The full report of the January 2019 inspection is available at www.cqc.org.uk/provider/RNA

Two of the core services, diagnostic imaging, and urgent and emergency care, had domains rated as 'Inadequate' resulting in an overall rating for diagnostic imaging of 'Inadequate'.

For the period 2023/2024, there have been four inspection visits from the CQC; all four have been published. In addition, there was one report published within this period where the inspection had taken place in the previous 12-month period.

Maternity services were visited as part of the national programme of inspections. The inspection took place in April 2023. An improvement in two of the CQC quality domains, safe and well led, was reported resulting in a rating of GOOD in every domain and an overall GOOD rating for maternity services at the Trust. Link - <https://api.cqc.org.uk/public/v1/reports/dbbd0dd3-d2b3-4b86-b1c1-c59e8e8bff42?20230629070517>

Paediatric emergency services were inspected in April 2023 as part of a focussed review on safeguarding processes within the service.

An unannounced core service inspection of the Emergency Department was conducted in June 2023. The inspection report was published in October 2023. This resulted in an increase in the ratings for effective and well led domains, however the overall rating for the service remained as requiresREQUIRES IMPROVEMENT. Following the inspection, the Trust provided the CQC with a

comprehensive action plan addressing the concerns raised. Link -

<https://api.cqc.org.uk/public/v1/reports/3e265fac-bbf6-4a4d-92d4-642d95d1dbea?20231122080108>

An unannounced core service inspection of the Children and Young People’s service was undertaken in June 2023, which resulted in two actions that the services were required to address. The inspection resulted in an uplift of ratings in the responsive and well led domains and resulted in GOOD overall for the service. The report was published in October 2023. Link -

<https://api.cqc.org.uk/public/v1/reports/3e265fac-bbf6-4a4d-92d4-642d95d1dbea?20231122080108>

Improvement plans

Following all inspections, action plans have been created to support improvements. Plans are reviewed regularly and presented back to CQC for assurance.

During March 2024, progress made with the remaining two action plans were presented to the CQC, for assurance. At the time of reporting actions are progressing in line with target dates.

The table below indicates the changes to ratings following the CQC inspections that were rated.

Russells Hall Hospital Current and New for U&E Services and Children and Young People

	Safe		Effective		Caring		Responsive		Well-led		Overall	
	Old rating	Draft Rating	Old rating	Draft Rating	Old rating	Draft Rating	Old rating	Draft Rating	Old rating	Draft Rating	Old rating	Draft Rating
Urgent and emergency services	Requires Improvement (April 2021)	Requires Improvement	Requires Improvement (May 2019)	Good	Good (May 2019)	Good	Requires Improvement (April 2021)	Requires Improvement	Requires Improvement (April 2021)	Good	Requires Improvement (April 2021)	Requires Improvement
Medical care (including older people's care)	Good (April 2018)		Good (April 2018)		Good (April 2018)		Good (April 2018)		Good (April 2018)		Good (April 2018)	
Surgery	Requires Improvement (May 2019)		Good (May 2019)		Outstanding (May 20019)		Good (May 2019)		Good (May 2019)		Good (May 2019)	
Critical care	Good (May 2019)		Good (May 2019)		Good (May 2019)		Requires Improvement (May 2019)		Good (May 2019)		Good (May 2019)	
Maternity	Requires Improvement (May 2019)	Good 2023	Good (May 2019)		Good (May 2019)		Good (May 2019)		Requires Improvement (May 2019)	Good 2023	Requires Improvement (May 2019)	Good 2023
Services for children and young people	Requires Improvement (May 2019)	Requires Improvement	Good (May 2019)	Good	Good (May 2019)	Good	Requires Improvement (May 2019)	Good	Requires Improvement (May 2019)	Good	Requires Improvement (May 2019)	Good
End of Life care	Good (May 2019)		Good (May 2019)		Good (May 2019)		Good (May 2019)		Good (May 2019)		Good (May 2019)	
Outpatients	Requires Improvement (May 2019)		N/A		Good (May 2019)		Good (May 2019)		Requires Improvement (May 2019)		Requires Improvement (May 2019)	
Diagnostic imaging	Inadequate (May 2019)		N/A		Requires Improvement (May 2019)		Requires Improvement (May 2019)		Inadequate (May 2019)		Inadequate (May 2019)	

CQC rating tables for Corbett Hospital and community services:

Ratings for Corbett Outpatients Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019
Overall*	Inadequate May 2019	Good May 2019	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
Overall*	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

3.7 QUALITY OF DATA

3.7.1 Hospital Episode Statistics

The Dudley Group NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data

The percentage of records in the published data which included the patient's valid NHS number

	The Dudley Group	National average
Admitted Patient Care	99.8%	99.6%
Outpatient Care	99.9%	99.8%
Accident and Emergency Care	99.7%	98.9%

The percentage of records in the published data which included the patient's valid General Medical Practice Code

	The Dudley Group	National average
Admitted Patient Care	100%	99.8%
Outpatient Care	99.9%	99.5%
Accident and Emergency Care	100%	99.5%

Latest available figures from NHS England CDS DQ Dashboard:
Provider View (for APC and OPA) and ECDS Current View for April 2023 to February 2024

3.7.2 Information Governance

The Dudley Group NHS Foundation Trust Information Governance Assessment Report overall score for 2022- 2023 was 'Standards Met' for data submitted to the Data Security & Protection Toolkit.

The date for the submission of the 2023-24 toolkit is 30th June 2024 and, therefore, the results are not available at the time this report was written.

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period.

The Trust will be taking the following action to improve data quality:

- The Trust continually monitors data quality externally via Secondary Uses Service (SUS) reporting, NHSI Data Quality Maturity Indicator (DQMI), and University Hospitals Birmingham Hospital Evaluation Data tool (HED).

3.7.3 Clinical Coding Error Rate

Accurate clinical coding underpins the planning and monitoring of healthcare provision, supports effective commissioning and is key to clinical audit and research. Clinical coding supports many measures of quality and efficiency, and its accuracy will be important as the NHS seeks significant improvement in both areas. In effect, accurate information is essential to identify and deliver efficiency improvements within the NHS.

Constructive auditing of clinical coding data is essential to ensure that the information created is accurate, consistent, and complete. Audits can be used to identify clinical coding issues as well as to evaluate the information processes involved in the quality of information approved.

The table shows the overall percentage of correct coding in the Trust.

	Level of attainment mandatory	Level of attainment advisory	Trust Percentage Correct 2023/2024
Primary diagnosis	>= 90.0%	>= 95.0%	99%
Secondary diagnosis	>= 80.0%	>= 90.0%	98%
Primary procedure	>= 90.0%	>= 95.0%	98%
Secondary procedure	>= 80.0%	>= 90.0%	95%

Standards were exceeded in each category.

The overall HRG error rate for this audit was twelve episodes which is 6% of the total number of episodes. The value of the HRG changes was £8,884 gross, £8,428 net which is a change of 3.2% absolute and 3.1% net.

The Dudley Group NHS Foundation Trust will be taking the following action to improve data quality.

Outcomes / Recommendations	Action
<p>The coders are reliant on accurate documentation recorded in Sunrise by clinical teams. This includes the patient's conditions, co-morbidities and medical history for the current admission. In addition, for the clinical teams to make a judgement if previously reported conditions have any bearing on the current episode for coding purposes.</p> <p>Dialogue will continue with clinical teams.</p>	<p>Raised awareness roll out and continuous re-iteration and discussion with clinical staff the need to document all comorbidities clearly and to ensure the primary diagnosis is documented clearly to enable the clinical coding staff to accurately record the necessary information</p>

3.8 LEARNING FROM DEATHS

During 2023, 1686 of The Dudley Group NHS Foundation Trust patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period. Refer to the chart below.

By 31st December 2023, 224 case records reviews and 34 investigations have been carried out in relation to the 1686 deaths.

In 34 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown below.

3.8.1 Harm

4 deaths representing 0.2% of the 1686 patient deaths during the reporting period are judged to be more likely than **not** to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 1 representing 2.2% for the first quarter.
- 2 representing 4.5% for the second quarter.
- 1 representing 2.3% for the third quarter.
- 0 representing 0% for the fourth quarter.

1682 deaths representing 99.8% of the 1686 patient deaths during 2023 are judged to be more likely **not** to have been due to problems in the care provided to the patient.

These numbers have been estimated using a) The Trust's mortality review process which includes a medical examiner scrutiny and a Level 1 peer review of all deaths by the department concerned using a standard questionnaire. This may lead to a Level 2 review performed by a mortality panel using a structured case note review data collection as recommended by the National Mortality Case Record Review Programme, b) Coroner Rule 28 cases when making recommendations about future care and c) root cause analysis reports following investigations if a death is reported as a serious incident if that is clinically appropriate (e.g., death potentially avoidable).

Dudley Group NHS FT	Reporting Period 2023				Comments
	Q1	Q2	Q3	Q4	
Number of patients who died	497	418	339	432	
Number of deaths subjected to a case note review	74	45	44	60	
Number of deaths subjected to an investigation	9	9	5	11	
Number of deaths subject to a case note review and investigation	9	9	9	11	
Number and representing percentage of quarterly total judged more than likely NOT to be due to problems in care	71 95.9%	42 93.3%	43 99%	59 99%	
Number and representing percentage of quarterly total judged more than likely to be due to problems in care	3 4.1%	3 1.07%	1 1%	1 1%	
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	1	2	1	0	All cases were part of the DATIX process and referred for SJR by Governance

3.8.2 Learning

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified above.

- Strengthening of Advanced Care Plan or DNA CPR to establish ceilings of care and appropriate care settings.
- Delays in implementation of best supportive care may occur when decisions are awaited from tertiary centres. Such delays may prevent a transfer home or to a hospice at an appropriate time.
- EMLAP and NELA data continue to be above the national average but there are opportunities to further improve performance with multi-departmental working.
- The Trust and community teams are continuing to implement the RESPECT document which may help to minimise unnecessary admissions at end of life. Similarly, the Palliative Care teams are working to highlight such issues and to improve discharge planning for such patients.
- Lack of understanding of DNACPR and the perception that this is the ceasing/withdrawal of all treatment rather than allowing “natural” death to occur.
- There is continued awareness of patients remaining for over 4 hours within ED which does not allow for best holistic care.
- There remain a few inappropriate admissions to hospital from care homes often at end of life.
- Place of death – some patients do die within the Emergency Department – this may sometimes be because it would have been inappropriate to move them due to End of Life and expected to die within very short period but may be due to capacity challenges.
- Readmissions within 7 days are rarely due to the previous discharge and are unavoidable deaths.
- A gap in updating GSF for patients when patients begin to deteriorate. Overall end of life care is good within the Trust.

A description of the actions which the provider has taken in the reporting period, and proposes take following the reporting period, in consequence of what the provider has learnt during the reporting period.

- Ongoing implementation of the Gold Standards Framework (GSF).
- The Medical Examiner system is now reviewing 100% of hospital deaths.
- Cases with learning are highlighted to the specialty and discussed at the Joint Mortality Meetings within the ICS.
- Positive assurance related to quality of care includes, SJRs output, falling HSMR with no weekend effect and no regulation 28 notices in 5 years.
- The Trust is being supported by the Advancing Quality Alliance (AQuA) to look at several deteriorating patient pathways. The first condition groups to undertake this work were AKI, sepsis and alcohol related liver disease. Work stream plans have been generated and are in the process of being fully implemented in association with the specific teams and audit department.
- Implementation of RESPECT document both within the Trust and the community setting.
- Validation of case notes for Acute Cerebrovascular Disease and Fracture Neck of Femur.

An assessment of the impact of the actions described above which were taken by the provider during the reporting period.

- Sepsis mortality continues to be reduced.
- ME scrutiny to be used as the primary review of death to allow a more robust approach to structured Judgement Reviews and Alerts.
- Fracture Neck of Femur Improvement Group to identify and action improvements in patient care, aligned with the National Hip Fracture Database.

- Continuing decline in the SHMI for Fracture Neck of Femur and Acute Cerebrovascular Disease.

3.9 SEVEN DAY HOSPITAL SERVICES (7DS)

The 7 Day Service (7DS) programmes aim is to provide a standard of Consultant- led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. Until 2020, the Trust was required to complete a Board Assurance Framework return to NHS England. The Trust now reports via an internal board report and a deep dive into compliance was submitted to Quality Committee in March 2024. This provided assurance that services are in place to meet the required 10 standards and detailed a specific review of Respiratory and Endocrinology due to the services not having evidenced 7-day service compliance in the 22/23 Job Planning Round.

Priority Standards

Standard	Assurance
<p>Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable Consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.</p>	<p>The Trust has a strong assurance in relation to the 14 hour review standard due to the continual review model in Acute Medicine. In addition, acute physicians work within the Emergency Department daily. This was evidenced in job plans from the last planning round. 7 day consultant cover was documented in the majority of consultant plans (see standard 8).</p> <p>Next steps: Job planning consistency panels for 24/25 plans and Trust wide audit.</p>
<p>Standard 5: Hospital inpatients must have scheduled 7 day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available 7 days a week.</p>	<p>There is emergency and urgent access to CT, MRI and Ultrasound based on the critical (1 hr) and urgent (12 hr) TAT. A full compliance is detailed at Appendix 2.</p> <p>Whilst overall compliance has been achieved for Standard 5, further work is required for compliance against all modalities specifically CT and MRI as significant challenges remain. Due to staffing and skill mix MRI scans are not available overnight with an SLA in place with UHB for transfer of patients requiring emergency neurological imaging.</p> <p>A 7 day Consultant on-call service is provided by endoscopy procedures and is evident in gastroenterology Consultant job plans.</p> <p>Consultant Microbiology workforce provide 24/7; 365 service via a duty microbiologist rota which is available via switchboard and directly accesses a consultant at any time. This service also delivers the Health and Social Care Act requirement to have 24/7; 365 infection control advice as the IPC nursing team currently work only within the core working week; all other advice provided out of hours and weekends is provided by the Microbiology Consultant workforce.</p>
<p>Standard 6: Hospital inpatients must have timely 24 hour access, 7 days a week, to key Consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would</p>	<p>The Trust has a Critical Care Unit supported by Critical Care outreach 24/7.</p> <p>There is emergency and urgent access to interventional radiology and CT for thrombolysis.</p> <p>A Consultant on-call model is in operation for Urgent Endoscopy requests 7 days per week.</p>

Standard	Assurance																																											
typically be: • Critical care • Interventional radiology • Interventional endoscopy • Emergency general surgery • Emergency renal replacement therapy • Urgent radiotherapy • Stroke thrombolysis and thrombectomy• Percutaneous Coronary Intervention • Cardiac pacing (either temporary via internal wire or permanent).	<p>A Consultant on-call model is in operation for General and Vascular services.</p> <p>Dudley Consultants work on a shared rota with Royal Wolverhampton to provide coronary interventions.</p>																																											
<p>Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, 7 days a week, unless it has been determined that this would not affect the patient's care pathway.</p>	<p>Over 90% of Consultants had a signed off job plan in 2022/23 with speciality level consistency panels held during summer 2023. A key criteria for the panel was 7 day service compliance. Respiratory and Endocrinology had previously been highlighted as partially compliant.</p> <p>Endocrinology was again partially compliant, with reliance on the current Consultant body undertaking additional sessions to provide the required cover. A business case has been approved for additional resource, but recruitment remains a challenge.</p> <p>Respiratory are partially compliant and were able to demonstrate job planned ward rounds at weekends as detailed below.</p> <table border="1" data-bbox="679 1032 1533 1144"> <thead> <tr> <th>Team</th> <th>Surname</th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> <th>Sunday</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Respiratory Medicine</td> <td>Ward Round - Medical HDU</td> <td>1.75</td> <td>0.48</td> <td>0.48</td> <td>1.67</td> <td>1.67</td> <td></td> <td></td> </tr> <tr> <td>Ward Round - Routine</td> <td>2.76</td> <td>1.69</td> <td></td> <td>1.67</td> <td>3.10</td> <td></td> <td></td> </tr> <tr> <td>Ward Round - Weekend</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.48</td> <td>1.48</td> </tr> <tr> <td colspan="2">Respiratory Medicine Total</td> <td>4.51</td> <td>2.17</td> <td>0.48</td> <td>3.34</td> <td>4.77</td> <td>1.48</td> <td>1.48</td> </tr> </tbody> </table> <p>Discussions have been held to move to a Consultant of the week model, however this would require investment and an increase in consultant numbers to prevent clinic displacement and other core services such as the lung cancer pathway.</p> <p>A Deep Dive into Respiratory and Endocrinology following non compliance in 2022/23 has been completed with the support of the Clinical Effectiveness team which highlights :</p> <ul style="list-style-type: none"> • 95% of patients were seen within the recommended time frames set out by NHS England. • 100% had a management plan in place and documented discussions with the patient, relative or carers. • 100% had a Consultant review on admission. <p>Next steps: Job Planning Consistency Panels for 24/25 plans</p>	Team	Surname	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Respiratory Medicine	Ward Round - Medical HDU	1.75	0.48	0.48	1.67	1.67			Ward Round - Routine	2.76	1.69		1.67	3.10			Ward Round - Weekend						1.48	1.48	Respiratory Medicine Total		4.51	2.17	0.48	3.34	4.77	1.48	1.48
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A Trust wide audit has been planned for 2024/25 to assess all standards. This will complement existing work underway to improve the quality of handover in the Trust.

3.10 RAISING CONCERNS

The Trust is committed to giving every member of staff the opportunity to speak up if there is something they do not feel is right and when they do, they have the support they need. The Freedom to Speak up (FTSU) service aims to provide all staff (including non-substantive) with a safe route to

raise concerns in the workplace. Concerns can be raised confidentially with the FTSU team who will listen and offer support and signpost as well as escalate appropriately as/when necessary. The service is represented as follows:

Diane Wake - CEO and executive lead for Freedom to Speak up.
Julian Atkins – non-executive lead for Freedom to Speak up.
April Burrows – Lead Freedom to Speak up Guardian.
Philippa Brazier – Freedom to Speak up Guardian.

The team operates an open-door policy and information and contact details for the service can be found on the Trust intranet and on posters displayed around the Trust sites.

3.10.1 Governance arrangements

The FTSU steering group, which meets quarterly, includes representation from human resources, staff side and communications. The group reports into the Workforce Committee and to Trust Board as required.

In line with the National Guardian's Office (NGO) guidance the Trust submits anonymised data about the numbers and types of concerns received to their online portal on a quarterly basis. These submissions are analysed using the model hospital system and can be compared to local and national Trusts.

The lead guardian participates in twice monthly informal meetings with other FTSU Guardians in our region: best practice and new initiatives are shared in this way.

The Black Country Integrated Care System Guardians have monthly meetings to provide peer support and develop joint working where appropriate.

3.10.2 Champions

To maximise the accessibility of the FTSU service, we have a network of 19 champions across the Trust in various roles including administrative, nursing and AHP. Their role is a combined FTSU, and patient safety role and the team are there primarily to listen and signpost; champions do not usually handle concerns themselves.

Proactive efforts have been undertaken to ensure there are champions based in as many key areas as possible: this includes a new champion in the Bereavement Office, two further champions are in the process of being trained.

A core group of experienced champions remain in place throughout the acute and community sites including imaging, pharmacy and Brierley Hill Health and Social Care Centre.

It is widely acknowledged that some staff groups may experience barriers to speaking up/raising concerns and the FTSU team are committed to working towards removing these barriers. The champion network includes representation from EmbRACE, LGBTQ+ disability and women's staff networks.

3.10.3 Next steps being taken by the Trust.

1. All three FTSU training modules have now been released by the National Guardian's Office. They are not mandated at present but are recommended for the following staff groups:
 - Speak up – for all staff.
 - Listen up – for all managers.
 - Follow up – for senior leaders.
2. The National Guardian's Office 'Freedom to Speak up – a reflection and planning tool' has been completed by senior leaders. The data is being collated and will be shared once completed.
3. The Freedom to Speak up Policy has been updated in July 2023. Which is in line with the National Guardian's Office recommendations.

3.10.4 Recent activities

Drop-in sessions planned across all locations, including early morning and evening sessions.
Collaborative staff well-being event to be held at Corbet Hospital and Dudley Guest in April 2024.

3.11 JUNIOR DOCTOR ROTA GAPS AND THE PLAN FOR IMPROVEMENT

In 2016 contractual rules were introduced to ensure rotas are designed and managed in a way that allows doctors to meet their training needs, avoid fatigue and overwork and maintain work-life balance, while allowing employers to deliver the service. These were reviewed and updated in 2019. The Trust has taken, and intends to take, several actions to minimise gaps. These include:

- A medical training initiative (MTI) - a two-year training programme has been established. These doctors help to cover any ongoing Deanery and Trust vacancies at registrar and SHO level. They also help backfill any shifts unfilled by the increasing number of LTFT (less than full time) trainees we are assigned by the Deanery.
- Increased physician associate roles in several areas to support medical teams with appropriate supervision. This has been particularly successful in the Acute Medical Unit and has been extended to other areas in the Trust.
- The use of recruitment agencies for particularly hard to fill, senior level vacancies within specialist areas.
- Increasing our internal bank coverage so that, for example, when junior staff leave due to their rotation elsewhere to undertake research, we are arranging for those staff to remain on our internal staff bank.
- More effective rostering using the Medirota system for junior doctors has been implemented across all divisions within the Trust. The General Internal on call rota is fully implemented and solely used and managed via Medirota.
- Funding of rota co-ordinators in specific departments to co-ordinate rotas and provide a single point of contact for doctors.

PART 4: NATIONAL CORE SET OF QUALITY INDICATORS

4.1 PREVENTING PEOPLE FROM DYING PREMATURELY

Mortality

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of several factors, including patient's comorbidities. It includes patients who have died whilst having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 1.00. A score below 1.00 denotes a lower-than-average mortality rate and therefore indicates good, safe care.

Summary hospital-level mortality indicator

SHMI	2020 –2021	2021 –2022	2022 – 2023
Trust	1.12 (Band 1)	1.13 (Band 1)	1.04 (Band 2)
National Average	1.01	1.02	1.00
Best	0.75	0.67	0.67
Worst	1.21	1.27	1.22
Palliative Coding % - Trust	19.5%	20.9%	51.1%
England Average	36.8%	37.8%	42.0%

Data source: HED Benchmarking Tool

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data which is audited on an annual basis by external auditors.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Ongoing implementation of the Gold Standards Framework (GSF).
- The Medical Examiner system is fully implemented and reviews 100% of hospital deaths.
- Increased usage of the priorities of care documentation across the Trust.
- Cases with learning are highlighted to the specialty and discussed at the Joint Mortality Meetings within the ICS.
- The Trust is supported by the Advancing Quality Alliance (AQuA) to look at several deteriorating patient pathways. The condition groups currently been undertaken AKI, sepsis, community acquired pneumonia and decompensated liver disease. Work stream plans have been generated and are in the process of being fully implemented in association with the specific teams and audit department. Significant improvements have been noted in DLD. The Trust also has developed an electronic Deteriorating Patient Pathway to highlight patients at risk of deterioration, which is being embedded across the whole Trust resulting fewer medical emergency team (MET) calls and cardiac arrests.
- Implementation of RESPECT document.
- Improving the way alerts are allocated to the relevant speciality for QI work.

4.2 HELPING PEOPLE TO RECOVER FROM EPISODES OF ILL HEALTH OR FOLLOWING INJURY

4.2.1 Patient reported outcome measures

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. They calculate the health gains after surgery using pre and post operative survey questionnaires. This currently covers two clinical procedures, hip replacements and knee replacements.

The following table provides an overview of The Dudley Group NHS Foundation Trusts participation rates for 2023 – 2024.

Month	Total Scanned Hip	Total Scanned Knee	Monthly Hip HES	Monthly Knee HES	HIP Participati on Rate %	Knee Participati on Rate %
April 2023	0	0	33	42	0	0
May 2023	10	16	33	42	30	38
June 2023	19	30	33	42	58	71
July 2023	25	37	33	42	76	88
Aug 2023	23	23	33	42	70	55
Sept 2023	37	39	33	42	112	93
Oct 2023	47	63	24	25	196	252
Nov 2023	29	41	24	25	121	164
Dec 2023	12	16	24	25	50	64
Jan 2024	44	38	24	25	183	152
Feb 2024	29	47	24	25	121	188
March 2024	29	47	24	25	121	188

4.2.2 Readmissions to Hospital within 30 Days of Discharge

	2022/23			2023/24		
	0 – 15 years	16 & over	Total	0 – 15 years	16 & over	Total
Discharges*	11378	112155	123533	11505	134389	145894
Readmissions within 30 days (number)	292	12015	12307	384	14441	14825
Percentage %	2.6%	10.7%	10.0%	3.3%	10.7%	10.2%

Source: <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-30-days-of-discharge/emergency-readmissions-to-hospital-within-30-days-of-discharge>

*PBR rules applied to the number of discharges does not include Day case, Maternity, Virtual ward, Same Day Emergency Care or procedures undertaken at Ramsay Private Hospital

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

Data is taken from Secondary Users Service (SUS) Hospital Episode Statistics (HES) data which is audited on an annual basis by external auditors.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

A work stream is in place to review and improve clinical unwarranted variation across all specialities. This will include reviewing readmission rates and other clinical improvements emerging from various sources such as the national Getting it Right First-Time programme, data available on the Model Hospital Portal and the NHS benchmarking tool service peer reviews and any contract breaches.

4.3 ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE

4.3.1 Responsiveness to the Personal Needs of Patients

Following the merger of NHS Digital and NHS England on 1st February 2023, the future presentation of the NHS Outcomes Framework indicators are being reviewed. As part of this review, the annual publication which was due to be released in March 2023 has been delayed.

4.3.2 National Patient Experience Surveys

The Trust participates in the national annual patient experience survey programme and undertakes all national surveys as referenced by the Care Quality Commission (CQC) each year.

National Inpatient Survey

The CQC National Adult Inpatient Survey 2023 will not be publishing its results until August 2024. To note the following scores and actions relate to the latest published National Adult Inpatient Survey 2022.

The Inpatient Survey is part of a national survey programme and collects feedback on the experiences of inpatients using NHS services across the country. The feedback from the Inpatient Survey provides invaluable feedback which we use to drive improvement and to improve patient experience. All patients from the age of 16 and who have spent a night in the hospital are eligible to take part in the survey which is split into eight categories: ED, waiting list and planned admissions, the hospital and ward, doctors, nurses, care and treatment, operations and procedures, leaving hospital.

The results from *the National Adult Inpatient Survey 2022* (published September 2023) shows that the Trust is performing 'about the same' when compared to all other trusts. The Trust top three

results for the Trust were for patients being asked about their experience of the care received, for the quality of the food and cleanliness of the ward.

The table below details questions from the national Inpatient Survey 2022 where there was a decline in score in comparison to the previous year's survey and the national average.

Question/Quality Priority	Trust Score 2022	Trust Score 2021	National Average	Expected Range
Pain Management				
Do you think staff did everything the could to help control your pain?	8.2	8.4	8.8	Much worse than expected
Nutrition and Hydration				
Did you get enough help from staff to eat your meals?	6.4	6.9	7.4	Worse than expected
During your time in hospital did you get enough to drink?	9.1	9.1	9.4	Somewhat worse than expected
Discharge				
To what extent did staff involve you in decisions about leaving hospital?	6.2	6.7	6.9	Worse than expected
To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?	4.9	-	5.6	Somewhat worse than expected
Were you given enough notice about when you were going to leave hospital?	6.1	6.7	6.8	Worse than expected
Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	7.1	7.8	7.9	Worse than expected
To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	8.5	8.9	8.9	Worse than expected
Before you left hospital, did you know what would happen next with your care	6.0	6.2	6.6	Somewhat worse than expected

Note: Trust scores for 2023 will not be published until August 2024

The key themes included preparation for discharge, not feeling involved in decisions, being given notice of when they were due to be discharged and being given information on what to do or not to do after leaving hospital. Management of pain, food and nutrition with communication running through as a golden thread.

Communication relating to discharge has been a recurring theme from previous surveys and is a quality focus for the Trust for 2024/2025. We recognise that involving patients in planning their discharge earlier in the patient's pathway facilitates the patient to be involved in decision making and an improvement in discharge planning centred around our patients' needs.

A Discharge Improvement Group (DIG) has been established and is a standing item on the Patient Experience Group (PEG) agenda. Progress is monitored through updates against the workstreams at the Patient Experience Group for assurance of recommendations having been completed and improvements made.

National Cancer Patient Experience Survey (CPES) 2022 (Published July 2023)

The survey shows a number of questions that are below the expected range of what Trusts of the same size and demographics are expected to perform. The results have seen a decline overall since the 2021 survey.

The main themes for improvement and where scores fell below or within the lower expected range were for communication (around patients being given a point of contact, advice about a second opinion before making decisions, being able to discuss worries and fears, being given information about therapies, managing the impact of long-term side effects of medication, and offering enough information and support between final treatment and follow-up appointment).

Scores were below average and within the lower expected range for waiting times for diagnostic tests and length of waiting time at clinic and day unit for cancer treatment. These scores were lower than the national average score.

Patients scored positive for being informed that they could have a family member, carer or friend with them when told their diagnosis was above the expected range.

To improve these scores the lead cancer nurse along with cancer management, cancer Clinical Nurse specialists and the wider clinical teams continue to work on the action plan to improve the National Cancer Patient Experience Survey results. The cancer management team are working with the clinical teams and divisions to improve pathways/waiting times and implement the best practice timed pathways for each tumour group. At the end of 23/24 we achieved the targets set by NHSE at the start of 23/24: To achieve 70% against combined 62-day RTT Standard – Achieved 71.5%.

We now have cancer navigators embedded in all sites, they have nearly completed their competencies and have improved the Holistic Needs Assessment, care plan and treatment summary rates for all tumour sites as part of the personalised care agenda (NHS Long Term Plan). They also track and help patients through the pathway and help out at health and wellbeing events.

National Maternity Survey 2023 (Published February 2024)

The survey shows that the Trust has been identified as an outlier as 'worse than expected' overall across all scored questions relating to experience of care during labour and birth, and on the ward after the birth (in comparison to 'much worse than expected' in 2022).

The top five results for the Trust that are highest compared with the average of all Trusts included the cleanliness of the hospital room, women receiving help and advice from a midwife or health visitor about feeding their baby, being able to get a member of staff to help when they needed it while in hospital and for discharge experience.

Urgent and Emergency Care (UEC) 2022 (Published July 2023)

The Trust is performing 'about the same' when compared to all other trusts. The Overall Patient Experience Score (OPES) for the Trust has seen a decline since the previous survey in 2020 however, this score is in the top five of Trusts in the region and a top five highest score for the Trust compared with the national average.

Areas for improvement focus on waiting times to be seen and examined, being able to speak to a member of staff when needed, cleanliness and support after leaving the A&E Department.

To improve the scores from the national survey a new approach is being trialled for seeing and treating minors' patients. From the hours of 10-22 an Advanced Care Practitioner will now be based in A&E. This will allow for more patients to be streamed to minors if appropriate. The benefits from this will be a reduction in crowding in the main waiting room as patients will be directed to minors. This will aid flow and decrease length of stay. The department also streams all GP referrals from Urgent Care to avoid them coming to the Emergency Department. This will include all patients sent from their GP to be reviewed by either Same Day Emergency Care, Emergency Surgical Hub and Paediatric Assessment Unit. The figures demonstrate that this is approximately 20 – 30 patients a day.

Progress against actions is monitored through divisional updates at the Patient Experience Group (PEG) meeting for assurance of recommendations having been completed and improvements made.

4.3.3 Patient Recommendation to Family and Friends

The Friends and Family Test scores remain a national focus, provides valuable benchmarking information and drive improvement to the patient experience. The NHS Friends and Family Test (FFT) is firmly embedded within the Trust with all patients given the opportunity to complete the survey during or after each episode of care and treatment in all areas of the organisation. Feedback is

captured through a variety of methods (SMS, tablet, paper, online). The FFT is presented as the percentage of respondents that rate their experience very good/good and the percentage of respondents that rate their experience poor/very poor.

Dudley Group NHS FT	2021/22	2022/23	2023/2024
% Very Good/Good	80%	83%	83%
National Benchmarking	90%	90%	91%
% Very Poor/Poor	7%	6%	6%
National Benchmarking	5%	6%	4%

[NHS England » Friends and Family Test](#)

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

The percentage of very good/good scores have improved from the previous year. We had increased the number of mechanisms for patients to leave feedback and the Trust have implemented the Patient Experience Champions role within each ward and service to drive the FFT.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- FFT percentage very good/good scores are monitored through the divisional updates at the Patient Experience Group for assurance and to highlight action taken to improve scores at ward/department level were required.
- Patients' responses and feedback are shared with teams for learning and service improvement, comments and scores are sent to all members of staff and discussed in the daily huddles and You Said We Have actions are reported to the Patient Experience Team.
- We have distributed posters throughout the hospital displaying the links to the FFT and we have seen an increase in the number of patients completing the survey online.
- We produced FFT stickers with online links/QR codes for the Maternity Department to put on patients' maternity antenatal and postnatal notes and ensure that the FFT is accessible to all, as SMS text messaging was not available within the service. Posters and paper surveys are to be updated in the Antenatal Department as these are currently out of date.
- We have implemented the Patient Experience Champions role within the Trust and each ward and service have identified a Patient Experience Champion for their area. The champions will promote patient experience within their areas to help drive Trust-wide improvements, share good practice, and provide the best patient experience and care.
- We have hosted a number of patient panels and supported several departments and teams to deliver 'Listening into Action' events throughout the year to capture people's views and experiences on what we did well and what we could improve to help us shape future service.

4.3.4 Staff Recommendation to Family and Friends

Measure of staff recommendation of the organisation as a place that they would recommend to receive care or recommend family to receive care as gathered in the National Staff Survey (Quarter 3); and in the National Quarterly People Pulse (Quarter 1, 2 and 4).

	2023/24			
	Q1	Q2	Q3	Q4
Dudley Group NHS FT	53.8%	56.3%	58%	53%
National average for combined acute/community Trust	Data not available	Data not available	63%	Data not available
Highest combined acute/community Trust	Data not available	Data not available	89%	Data not available
Lowest combined acute/community Trust	Data not available	Data not available	44%	Data not available

Data source

Quarter 1, 2 and 4 – National Quarterly People Pulse

Score is a % score based on positive answer (Strongly Agree and Agree) to Would you recommend as a place to receive care. Response rate for People Pulse varies across each quarter. Average <10% response rate.

Quarter 3 – National Staff Survey – Delivered across two months in Q3. Response rate higher than People Pulse. For Q3 2023/24, response rate 45%.

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reason:

- Continuing workforce pressures have resulted in staff unable to deliver the care they aspire to
- National results are reflective of a similar trend to Dudley and, therefore, provides a picture of similar experience across all healthcare workers
- Response rates for the Quarterly Survey remain low (<20%). Data in these months are lower than for the national staff survey. Performance in the national Staff Survey has remained static.

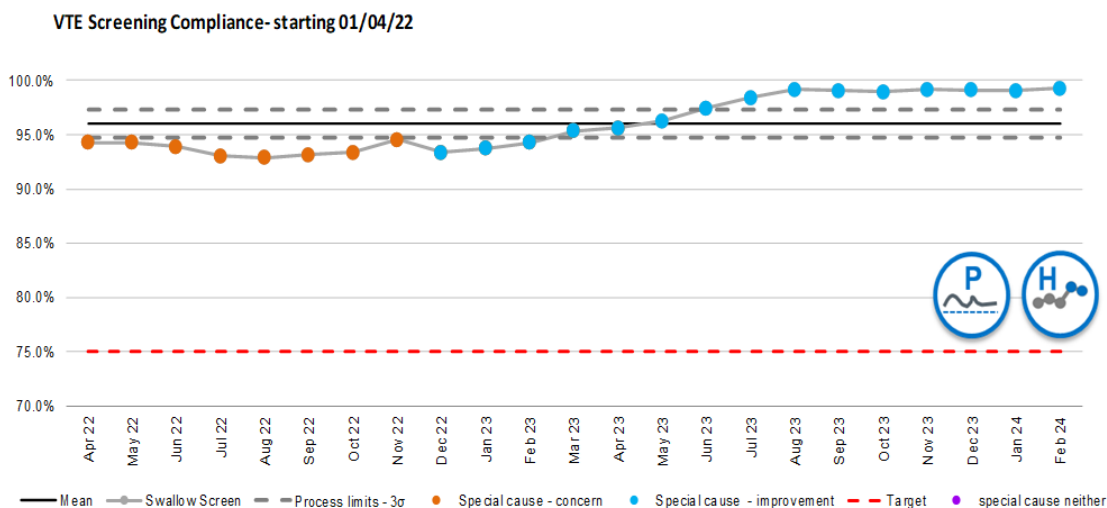
The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Increasing response rates to People Pulse to ensure data is comparable across each quarter
- Using quarterly pulse data to capture areas where staff identify improvements can be made in this area
- Continuing to increase the Staff Survey response rate
- Focusing on workforce recruitment and retention activity through the Trust People Plan and Recruitment and Retention Journey. This includes a focus on flexible working, development support and ongoing recruitment which will improve staff experience in the long term.
- Developing local action plans and additional engagement and support for areas within the organisation that are outliers (comparatively poorer scores when compared with the organisation's benchmark). This activity includes additional focus on leadership and management development, wellbeing actions and team support.

4.4 VENOUS THROMBOEMBOLISM

Venous thromboembolism (VTE) or blood clots are a major cause of death in the UK. Some blood clots can be prevented by early assessment of risk for a particular patient.

The Trust provides updates via the Integrated Performance Report to Trust Board on a regular basis. Compliance has been above the 95% target since May 2023 as shown below.



The Dudley Group NHS Foundation Trust has the following actions in place to sustain the improved position:

- All incidents of Hospital associated thrombosis reported on DATIX.
- Where issues identified reported back to responsible team to investigate further and action.
- Patient safety team contacted and asked to review whether requires discussion at WMOH.
- Concerns raised at Thrombosis Group meeting at how incidents in DATIX are graded.

4.5 INFECTION CONTROL – CLOSTRIDIODES DIFFICILE (C.DIFF)

This measure shows the rate per 100,000 bed days of cases of Clostridiodes difficile infection that have occurred within the Trust amongst patients aged two years or over during the reporting period.

	2020/21	2021/22	2022/23	2023/24
Trust apportioned cases (Lapses in care)	11	18	3	*
Trust bed days	242,400	242,400	242,400	*
Rate per 100,000 bed days	25.66372145	43.9281982040303	26.3075971956101	*
National average	46.60237797	25.1971091564799	27.55607775882	*
Best performing trust	2.254715173	0	0	*
Worst performing trust	140.5415535	138.379575174704	133.644082989716	*

*= data not available until October 2024

Data source: CDI annual data table 2022/2023

Changes to the CDI reporting have been made to align the UK definitions with international descriptions of disease. These changes will mean that additional patients will be included in the group of patients that the hospital must investigate. The patients who will be included are categorised in the following groups:

1. Hospital Onset Healthcare Associated (**HOHA**): cases that are detected in the hospital two or more days after admission.
2. Community Onset Healthcare Associated (**COHA**): cases that occur in the community or within two days of hospital admission when the patient has been an inpatient in the Trust reporting the case, within the previous four weeks.

The Dudley Group NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has seen an increase in *Clostridioides difficile* cases over the last 12 months in line with the both the local and national pictures.

The Dudley Group NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services:

- The process for reviewing CDI cases in line with the new national framework is now embedded.
- All HOHA CDI cases are reviewed both internally and with our external partners where the cases are reviewed and assigned.
- COHA cases requests are made to the GP for information
- The well-functioning antimicrobial guidelines continue to be updated to reflect national objectives including reductions in carbapenem usage and increased prescribing from within the access list of antibiotics which the Trust is.

4.6 PATIENT SAFETY INCIDENTS

Dudley Group NHS FT	Previous reporting period	Previous reporting period	Latest reporting period
Total reported incidents	Apr 2021 – Mar 2022	Apr 2022 – Mar 2023	Apr 2023 – Mar 2024
Total reported incidents	9159	15053	14159
Rate per 1000 bed days	37.3	76.7	52.65
National average (acute non-specialist)	57.5	No data available	No data available
Highest reporting rate (acute non-specialist)	205.5 (11,903)	No data available	No data available

Dudley Group NHS FT	Previous reporting period	Previous reporting period	Latest reporting period
Incidents causing severe harm or death	Apr 2021 – Mar 2022	Apr 2022 – Mar 2023	Apr 2023-Mar 2024
Incidents causing severe harm or death	26	35	23
% of incidents causing severe harm or death	0.28	0.23	0.16
National average (acute non-specialist)	0.152	No data available	No data available
Highest reporting rate	0.901 (48)	No data available	No data available
Lowest reporting date	0.004 (1)	No data available	No data available

During the reporting period 2023/24, the number of patient safety incidents reported has fallen slightly compared to 2022/23. However, it was noted that during 22/23 there was a retrospective upload of pressure ulcers present on admission from the previous year in line with national guidance.

The proportion of incidents reported to have resulted in severe harm or death has decreased across the three-year period. Together this is indicative of a positive reporting culture.

In September 2023, the Trust transitioned from reporting to the National Reporting and Learning System (NRLS) to the Learning from Patient Safety Events System (LFPSE) in line with national directive. As part of the Trust's work to transition and embed this change in reporting, a refreshed training programme has been designed and is in the process of being rolled out to further promote reporting across the organisation. Furthermore, incident reporter feedback has been strengthened and incorporated into the reporting system.

4.7

OUR PERFORMANCE AGAINST THE THRESHOLDS SET OUT IN THE RISK ASSESSMENT AND SINGLE OVERSIGHT FRAMEWORKS OF NHS IMPROVEMENT

Dudley Group NHS FT	Trust 2022/23	Target 2023/24	National 2023/24	Trust 2023/24
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	57.8%	92%	N/A	56.6%
A&E: maximum waiting time of 4 hours from arrival to admission, transfer, discharge	76.53%	76%	N/A	73.17%
All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	60.0%	85%	N/A	55.26%
All cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral	82.7%	90%	N/A	72.47%
Diagnostic 5 week wait performance	99.00%	85.00%	72.76%	90.6%
Venous Thrombolism (VTE) Risk Assessment	93.6%	95%	N/A	98.34%

Trust data from DM01 Diagnostic Waiting Times submissions to NHSD

*2023/24 Trust performance shows year to date i.e., April 2022 to December 2022

**2023/24 National performance taken from NHSE website of "Trust" provider DM01 submissions

Glossary of terms

A&E	Accident and Emergency (also known as ED)	HQIP	Healthcare Quality Improvement Partnership
AAA	Abdominal Aortic Aneurysm	ICB	Integrated Care Board
AKI	Acute Kidney Disease	ICNARC	Intensive Care National Audit & Research Centre
Bed Days	Unit used to calculate the availability and use of beds over time	ICP	Integrated Community Provider
C. diff	Clostridioides difficile	IPC	Infection Prevention and Control
CMP	Case Mix Programme	KPI	Key Performance Indicator
CPR	Cardio Pulmonary Resuscitation	MDT	Multidisciplinary Team
CQC	Care Quality Commission	MRSA	Methicillin-resistant Staphylococcus aureus
CQUIN	Commissioning for Quality and Innovation payment framework	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CT	Computed Tomography	NEWS	National Early Warning System
DATIX	Company name of incident management system	NHSI	NHS Improvement
DCH	Dudley Clinical HUB – A single point of access for adult community services	NICE	National Institute for Health and Care Excellence
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation	NIHR	National Institute for Health Research
DVT	Deep Vein Thrombosis	PROMs	Patient Reported Outcome Measures
EAU	Emergency Assessment Unit	SDEC	Same Day Emergency Care
ED	Emergency Department (also known as A&E)	SIT Tool	Shortened Investigation Tool
EmLap	High Risk Emergency Laparotomy Pathway	SHMI	Summary Hospital-level Mortality Indicator
FFT	Friends and Family Test	SMS	Short Message Service is a text messaging service
FY1/FY2	Foundation Year Doctors	SOP	Standard Operating Procedure
GI	Gastrointestinal	STEIS	Strategic Executive Information System is the national database for serious incidents
GMC	General Medical Council	SUNRISE	Trust electronic patient record system
GP	General Practitioner	SUS	Secondary Uses Service
HCAI	Healthcare Associated Infections	TTO	To take out medications once discharged as an inpatient
HED	Healthcare Evaluation Data	VTE	Venous Thromboembolism
HES	Hospital Episode Statistics	WBR	Ward Board Rounds
HFL	Home for Lunch Initiative		

Annex

Comment from the Trust's Council of Governors – 2023/24

Each year, the Trust prepares a Quality Account that reports on the quality of services offered. The report is published annually and is available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The Council of Governors is invited to review the draft report and prepare a comment. The process adopted in preparing the governor's comment on the Quality Account 2023/2024 saw a copy of the draft report circulated to all governors for their review and response. Governors were then supported to collate responses and formulate the comment for inclusion as given below:

The Council of Governors has diligently reviewed the Quality Account for 2023/2024 and commends the Trust for its steadfast commitment to maintaining high standards of care despite significant financial challenges. They are reassured that patient care remains a top priority due to the robust quality of the agenda being pursued despite the existing financial constraints and they intend to closely monitor this balance.

The Council has continued to review the performance data over the last year and compare it to the quality indicators and constitutional performance standards. They would like the Trust to continue focussing on discharging patients on time. They understand the challenges faced with achieving this goal due to the macro environment the hospital operates within so they are pleased with the progress made in ensuring that patients receive timely and clear discharge communication and with the effective embedding of this process.

It was reassuring for the Council to see the progress and achievement made by the Trust in reducing the outstanding backlog of complaints not closed within 30 days and in reducing avoidable harm concerning Pressure Ulcers.

The Council of Governors is dedicated to supporting Priority 5 and Priority 6 for the upcoming year, focusing on patients with dementia and learning disabilities as they feel it is vital for these groups of patients to receive the compassionate and comprehensive care they deserve.

The Council commended the Trust on embedding cancer navigators across all sites as this initiative represents a substantial step forward in providing personalised and comprehensive care for cancer patients.

The Council of Governors were proud of the recent success of the Trust's Cardiology Research Team who won the National Institute for Health and Care Research (NIHR) Clinical Research Network West Midlands 'Contribution to Research' award. This recognition highlights the team's dedication and excellence in research, contributing to the advancement of cardiology care.

Additionally, the Council is pleased with the Trust's efforts to achieve University Hospital Status in collaboration with Aston University. They feel this achievement will not only enhance the reputation of the Trust but will also foster a stronger partnership with the academic community, promoting research and innovation in healthcare.

The Council of Governors will continue to monitor the alignment of quality targets with financial realities and provide oversight and support to ensure that high standards of care are maintained. They celebrate the

Trust's successes and remain dedicated to supporting its goals for continuous improvement and excellence in patient care.

Comment from the Black County Integrated Care Board

The Dudley Group NHS Foundation Trust - Quality Report 2023/2024

The Black Country Integrated Care Board (ICB) welcome the opportunity to review and comment on The Dudley Group NHS Foundation Trust Quality Account for 2023/2024. This was a transparent, honest and a comprehensive account of the last year. We would like to take the opportunity to thank the Trust and the staff for their dedication, commitment, and hard work throughout the last year. The ICB notes the progress made by the Trust against the 2023/2024 priorities, with reducing avoidable harm and improving the response rate to patient complaints.

We note that the quality priorities for 2023/2024 were only partially achieved and acknowledge the ongoing commitment to improving data quality within the clinical areas, embedding quality improvement initiatives, enabling the ongoing improvements to meet the priorities of reducing avoidable harm and improving complaint response times.

With consideration of the 2023/2024 patient safety quality priorities, the BICB notes the commitment to the successful implementation of the Patient Safety Incidence Response Framework (PSIRF) across the Trust. The new Patient Safety Incident Response Framework is a significant change to the way the NHS understands and learns from incidents. The focus is upon improving patient safety with an emphasis on how incidents happen and the factors that contribute to incidents. The strong links with the Dudley Quality Improvement Team within the Trust has led to real and sustainable changes in practices. We know that the voice and experience of patients and staff is integral to driving real change in reducing unwanted variation of outcomes as well as achieving sustainable and accelerated improvements and we are pleased the Trust has empowered patients to become partners in patient safety.

For the period 2023/2024, there have been four inspection visits from the Care Quality Commission (CQC); all four have been published on the CQC website. In addition, there was one report published within this period where the inspection had taken place in the previous 12-month period.

We particularly want to highlight the improving work across maternity services. Following recent Quality Peer Review visits to the neonatal unit, it is noted that there have been focused improvements in this area, including strengthening of the nursing and medical leadership, and review of workforce model. The ICB support the de-escalation of monitoring by NHSE specialised commissioning and the ODN and will continue to work closely in oversight and support.

Maternity services were also visited as part of the national programme of inspections. The inspection took place in April 2023. An improvement in two of the CQC quality domains, safe and well led, was reported resulting in a rating of good in every domain and an overall good rating for maternity services at the Trust.

Paediatric emergency services were inspected in April 2023 as part of a focussed review on safeguarding processes within the service.

An unannounced core service inspection of the Emergency Department was conducted in June 2023. The inspection report was published in October 2023, this resulted in an increase in the ratings for effective and well led domains. However, the overall rating for the service remained as requires improvement. Following the inspection, the Trust provided the CQC with a comprehensive action plan addressing the concerns raised and the ICB has reviewed and supported this action plan through Care Quality Review Meetings with the trust.

An unannounced core service inspection of the Children and Young People's service was also undertaken in June 2023, which resulted in two actions that the services were required to address. The inspection resulted in an uplift of ratings in the responsive and well led domains and resulted in good overall for the service. The report was published in October 2023.

Following all inspections, action plans have been created to support improvements. Plans are reviewed regularly by trust and ICB and presented back to CQC for assurance.

The section 'Clinical Audit' provides evidence of the Trust's performance. It is positive to see the number of clinical audits undertaken during 2023/2024. It is also encouraging to see that the Trust continues to be a strong advocate for research, development, learning, improvement, and innovation. It is evident from the Trust's quality account that The Dudley Group NHS Foundation Trust are doing great work to progressing research, improvement, and innovation across the various departments within the Trust.

Throughout this Quality Account, the Trust demonstrates their commitment and aspirations to improve safety and quality of care of services delivered, and the ICB would welcome a continued focus on reducing avoidable harms, including pressure injuries and falls within and across the Trust. Opportunities for revised arrangements in out of hospital will support assuring arrangements to treat patients in the right place at the right time, ensuring seamless transfer of care pathways. The recent focus on those patients with a learning disability and the opportunity to support these patients in collaboration with the Mental Health LDA Lead Provider are welcomed.

Heading into 2024/2025, the ICB are committed to collaboratively working with the Trust to improve the quality and safety of services available for the population of Dudley place to improve patient safety, care, outcomes, and experience.



Sally Roberts
Chief Nursing Officer/Deputy Chief Executive Officer
Black Country Integrated Care Board

Comment from Healthwatch Dudley

Healthwatch Dudley – Quality Account Statement 2023/24

The Dudley Group NHS Foundation Trust

As the independent champion for people who use health and social care services in the Dudley borough, Healthwatch Dudley welcomes The Dudley Group NHS Foundation Trust's commitment to improving patient care and experiences.

We are pleased with the Trust's proactive approach in evaluating progress for 2023/24. The involvement of patient-public focus groups with local general practices demonstrates a strong commitment to integrating patient feedback into research and service improvement. Additionally, the Trust's participation in the NIHR National Patient Research Experience Survey and the inclusion of a patient representative in key decision-making groups further highlight this dedication to enhancing the patient experience.

Another noteworthy initiative is the implementation of the Patient Experience Champion role across the Trust. We hope the appointed champions will be well-positioned to provide valuable insights into service users' experiences and contribute to future improvements. The existing methods to collect patient feedback are varied and have led to service improvements. For instance, feedback regarding communication issues between healthcare providers and patients led to the implementation of communication training programs for staff, improving patient-provider interactions.

The Friends and Family Test has been widely promoted, and scores show a positive trend. This commitment to collecting feedback is admirable. Additionally, the implementation of Patient Experience Champions within each ward and service is a commendable step for continuous improvement in patient care. However, the recent National Adult Inpatient Survey results indicate areas needing improvement, particularly in discharge communication. In addition, while the Urgent and Emergency Care survey results show that the Trust is performing 'about the same' as others, there are still areas for enhancement, particularly in waiting times and post-discharge support.

Considering this, we support the Trust's new approach to managing minor injuries and streaming GP referrals to avoid unnecessary congestion in the Emergency Department. It is also reassuring that the Trust has established a Discharge Improvement Group (DIG) and is focusing on core areas to address these concerns.

We hope that the DGNHSFT continues to monitor patient feedback and use the valuable insights provided to improve their service. We look forward to seeing future developments and are open to working collaboratively with the DGNHSFT to enhance services based on feedback from our community.

Healthwatch Dudley Team

May 2024

Comment from the Health and Adult Social Care Scrutiny Group

Members are pleased to have had the opportunity to provide scrutiny to the 2023-4 DGFT Quality Accounts, recognising that the full year's data was incomplete at the time of draft submission to Committee.

Half of the Trust's ten targets for the year had been achieved. Complaints within 30 days was almost met, and there was a move away from formal written responses to encouraging face to face dialogue with members of the clinical team who had been involved in providing care. Treating patients in the right place and at the right time had been particularly challenging across the healthcare sector. Amongst the Trust's successes for the year were reducing avoidable harm, particularly tissue viability, and the introduction of "virtual wards" that enabled appropriately selected patients to be looked after at home rather than in hospital. The Trust had the opportunity to showcase how they implemented the Gold Standards Framework for caring for patients in the final year of life to a visiting team of clinicians from Singapore.

New priorities for the coming year included improvements for patients with diabetes, fractured neck of femur, stroke, dementia and learning disabilities; plus a focus on addressing the main themes that had emerged from patient surveys. Members sought assurance that patient participation would be encouraged when addressing these new priorities. Members sought assurance about how the Trust was addressing readmission rates and heard about the support available in the community and at home after discharge, including introduction of technological solutions.

Whilst not all priorities had been achieved, the organisation is striving to make improvements in challenging circumstances and the Committee looks forward to working constructively with DGFT in the future.

Statement of Directors' Responsibilities in Respect of the Quality Report 2023/2024

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the *NHS foundation Trust annual reporting manual 2018/19* and supporting guidance *Detailed requirements for quality reports 2023/2024* and;

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2023 to March 2024
- Papers relating to quality reported to the board over the period April 2023 to March 2024
- Feedback from Integrated Care Board June 2023
- Feedback from governors June 2024
- Feedback from Healthwatch May 2024
- Feedback from Overview and Scrutiny Committee Dudley Metropolitan Borough Council Health and Adult Social Care Scrutiny Committee May 2023
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009,
- The latest national inpatient survey March 2024
- The latest national staff survey, dated March 2024
- CQC inspection report dated 12th July 2019
- The Quality Report presents a balanced picture of the NHS foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

The Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Signed: Date:

Signed: Date:

Chairman

Chief Executive

Paper for submission to the Full Council of Governors Meeting on 20 June 2024

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

1. Suggested discussion points

Council of Governors elections June 2024

- The nominations for the Council of Governors elections concluded on 5th June 2024.
- The results for the three constituencies where there were vacancies:
 - Public – North Dudley – Lizzy Naylor, uncontested and returned for a second term
 - Public – South Staffordshire & Wyre Forest – Vicky Homer, uncontested and returned for a second term
 - Staff – Allied Health Professionals, Pharmacy and Health Care Scientists – Jiao Yunzheng contested and returned for a first term

Voting reports are given as appendix 1

Council of Governors Code of Conduct

These are reviewed periodically with no changes proposed at this time. Governors are reminded of their responsibility to maintain at 75% attendance at full Council of Governor meetings and a failure to do so may result in removal from the Council. The enclosed Code of Conduct is submitted for approval. See Appendix 2.

Council of Governors effectiveness review

In keeping with best practice, each year, the Trust supports a review which considers the effectiveness of the Trust’s Council of Governors. The findings from the survey that was conducted are contained within appendix 3 and was considered at the recent meeting of the Councils’ Experience and Engagement Meeting. Governors are asked to consider the survey findings and suggest actions they would want to progress to address any development areas.

2. Alignment to our Vision

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

Council of Governors Experience & Engagement Committee 28 May 2024
Full Council of Governors Meeting – 20 June 2024

4. Recommendations

The Council of Governors is asked to:

- a. Note** the elections outcomes that returned successful candidates in June 2024
- b. Approve** the Council of Governors Code of Conduct that has been subject to review with no proposed changes
- c. Note** the output asked to consider the survey findings and suggest actions they would want to progress to address any development areas

5. Impact

Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.					
Corporate Risk Register	N						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

CLOSE OF NOMINATIONS: 5PM ON 17 APRIL 2024

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: NORTH DUDLEY 1 TO ELECT
The following candidate is elected unopposed: Elizabeth NAYLOR

PUBLIC: SOUTH STAFFORDSHIRE AND WYRE FOREST 1 TO ELECT
The following candidate is elected unopposed: Victoria HOMER

Abi Walcott-Daniel
Returning Officer
On behalf of The Dudley Group NHS Foundation Trust

CLOSE OF VOTING: 5PM ON 5 JUNE 2024

CONTEST: Staff: Allied Health Professionals, Pharmacy and Health Care Scientists

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT		
Yunzheng JIAO		

Number of eligible voters		1,094
Votes cast online:	169	
Total number of votes cast:		169
Turnout:		15.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		169

The result sheet for the election forms the Appendix to this report. It details:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidate was elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Abi Walcott-Daniel
Returning Officer
On behalf of The Dudley Group NHS Foundation Trust

Governors' Code of Conduct

1. Introduction

Public service values are expected to be at the heart of the NHS and those who work in it have a duty to conduct NHS business with probity and to demonstrate high ethical standards of personal conduct

The Trust Constitution requires that the Governors follow the Code of Conduct at all times whether acting individually or collectively

Governors' attention is also drawn to Trust policies regarding confidentiality and use of information, including:

- Confidentiality policy
- Raising Concerns Speak Up Safely (whistleblowing) policy
- Conduct policy

Whilst these policies have been drawn up principally for staff, the principles therein should be followed by all Governors. Any queries regarding the content or interpretation of this Code of Conduct or any Trust policy should be directed to the trust secretary.

2. Scope

A Governor must observe this Code of Conduct whenever he/she:

- Conducts the business of the Trust
- Acts as a representative of the Council of Governors (CoG); or in a way that can be interpreted as representing the CoG or the Trust
- Acts as a representative of the Trust

The Code of Conduct shall be applied in conjunction with the Trust Constitution and adhered to where the conduct of a Governor can be regarded as bringing their office as a Governor, or the Council of Governors itself, into disrepute.

3. The Nolan Principles

The Committee on Standards in Public Life (1996), chaired by Lord Nolan established seven "principles of public life", set out below, and which have been adopted by the Trust and must be observed by Governors:

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

4. General Obligations under the Code of Conduct

Every member of The Dudley Group NHS Foundation Trust Council of Governors will:

- Actively support the vision and values of the Trust and assist in developing it as a successful organisation working collaboratively with the Board of Directors, Trust staff, members and partner organisations;
- Endorse and uphold the principle that The Dudley Group NHS Foundation Trust is an apolitical organisation and recognise that they represent the constituency that elected them, or organisation that appointed them, rather than any trade union, political party or other organisation they may have affiliation to;
- Abide by the Standing Orders for the practice and procedure of the Council of Governors;

- Ensure attendance and participation in all relevant induction, training and development events for Governors;
- Act with honesty, integrity and objectivity in the best interests of the Foundation Trust and not seek any privileges, preferential or special treatment arising from the governor role. Governors are to ensure their official capacity (or any other circumstance) is not used to improperly confer or secure an advantage or disadvantage for themselves or any other person;
- Maintain an attendance record at meetings of the Council of Governors, relevant committees and Members' meetings as required. An attendance record of less than 75% or two consecutive absences without reasonable justification to be absent from CoG meetings may lead to expulsion from the Council;
- Contribute actively and effectively to the work of the Council of Governors to enable it to fulfil its role to best effect. Recognise that the Council of Governors exercises collective decision making in the best interests of patients, local community and staff;
- Recognise that the Council of Governors has no day-to-day managerial or operational role within the Foundation Trust;
- Act as an ambassador for the Trust in a manner that reflects positively upon it;
- Respect and treat with dignity and fairness colleagues, patients, relatives, carers, the public, NHS staff and partners in other agencies;
- Appropriately refer any feedback, concerns or complaints they may receive from Members to the PALS team or the Foundation Trust office in the first instance;
- Seek to ensure that the membership of the constituency, or the organisation represented (by an Appointed Governor), is properly informed and able to influence services;
- Maintain a high level of confidentiality and not disclose any information given in confidence without the consent of a person authorised to give it, unless required to do so by law;
- Governors should operate to equal opportunities principles and inclusivity to ensure that no-one is unfairly discriminated against because of their religion, race, colour, gender, marital status, disability, sexual orientation or age;
- Support and assist the chief executive as Accountable Officer in his/her responsibility to answer to NHS Improvement /England (formerly) Monitor (the Independent Regulator of NHS Foundation Trusts), commissioners of health services and the public, in terms of fully and faithfully declaring and explaining the use of resources and the performance of the Trust, in putting national policy into practice and delivering targets;
- When reaching decisions consider any relevant advice given by a director or Committee of the Trust and be willing to give reasons for those decisions, and;
- Draw the attention of the Trust chairman or Trust secretary to any possible breach of this Code, Standing Orders, or the Constitution.

5. Governors and the Media

As well as occasionally speaking for the Trust, it is recognised that governors have an important role in representing their constituency Members or the organisation that nominated them to the Council of Governors.

Should a Governor be approached by the media to comment on any matter of Trust affairs, she/he must contact the trust secretary or head of communications for advice before responding. It may well be more appropriate for the response to be made by the chief executive or a director. Should the view of the full Council of Governors be sought by the media on any matters of Trust affairs, the Chair will consult as appropriate and practicable and issue on its behalf.

A Governor may feel the need to express a personal view to the media on a matter of Trust affairs or act as a spokesperson for their constituency or nominating body. The individual Governor must preface any comments by a statement that they are expressing a personal view, or that of their constituency/nominating body, and not necessarily the view of the Council of Governors. The Governor is expected to alert the trust secretary or head of communications of their intention to speak to the media about Trust business.

NOTE for the avoidance of doubt the word media includes all forms of social media, online media as well as formal printed media.

6. Work with External Organisations

Governors may be approached by external organisations to work with them on shared objectives. Such invitations must always be notified to the chair or trust secretary for advice as to the appropriateness of acceptance. Governors may only claim to represent the Trust if nominated to the role by the chairman or the Council of Governors. Other joint work can only be accepted on the understanding that the governor is participating as an individual and not as a representative of the Trust. Governors are reminded to ensure that they have considered issues of safety before agreeing to provide any personal details or agreeing to meetings with third parties.

7. Visits

Governors are not permitted to use their position to independently arrange visits to Trust facilities or other organisations. Arrangements must always be agreed through the Foundation Trust Office. However this restriction is not intended to limit contact with external organisations but this should be done in an independent capacity and not as a Trust Governor and not by using Trust business as the purpose.

8. Conduct at full Council and sub committee meetings

Governors are reminded that these meetings are for the conduct of Trust business. It is important that contributions are relevant to the matter at hand. To avoid confusion, if a Governor wishes to make an announcement or distribute material to Governors during a meeting this should be agreed in advance of the meeting with the chairman.

9. Additional provision for Staff Governors – time off

In addition to the above provision, Staff Governors are subject to the provision that application for time off from normal duties to attend to the business of the Council of Governors will be dealt with in accordance with Trusts' Special Leave Policy.

10. Termination & removal from office

The grounds on which a person holding office of Governor shall cease to do so are set out in the constitution under section 14:

- It otherwise comes to the attention of the trust secretary at the time that the member of the Council of Governors takes office or later, that the member is disqualified in accordance with annex 6 of the Trusts' Constitution;
- They resign by giving notice in writing to the trust secretary;
- In the case of an elected Member of the Trust, they cease to be a Member of the Trust;
- In the case if an Appointed Member of the Council, the appointing organisation terminates the appointment;
- They have failed to undertake mandatory training that all Members of the Council of Governors are required to undertake, unless the Council is satisfied that:
 - the failure to undertake training was due to a reasonable cause; and
 - they will be able to undertake the required training within such a time period as the Council considers reasonable
- They fail to attend two consecutive full Council meetings in any financial year unless the Governors are satisfied that:
 - the absences were due to reasonable causes; and
 - they will be able to start attending meeting of the Council of Governors again within such period as the Council considers reasonable.
- They have failed to sign or deliver to the trust secretary a statement in the form required by the Council confirming acceptance of this Code of Conduct;
- They are removed from the Council by a resolution approved by the majority of the remaining Members of the Council present and voting at a General Meeting of the Council on the grounds that:
 - they have committed a serious breach of this Code of Conduct; or
 - they have acted in a matter detrimental to the interests of the Trust; or
 - they have failed to discharge their responsibilities as a Member of the Council of Governors

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Personal Declaration

I (full name).....
have read, understood and agree to comply with The Dudley Group NHS Foundation Trust's Code of Conduct for Governors. I agree to inform the trust secretary if at any time I become unable to comply with the Code or any part thereof.

If during the course of my duties as a Governor I become involved with, or aware of any confidential information, including that relating to any person e.g. patients, carers, visitors, staff, or information relating to any Trust business, I will not at any time during or after my term of office as a Governor use or disclose such information.

I understand that a breach of this code and the general obligation of confidentiality will be considered as a serious offence/misconduct issue. I understand that it is a requirement of the Constitution to sign the Code of Conduct and that failure to do so will preclude me from continuing in office as a Governor

Signature.....

Date.....

Once signed, please return this page to the Foundation Trust office.

Council of Governors Effectiveness Review Report 2023/24

Background

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

Activity/month 2024	Mar	Apr	May	Jun
Survey was circulated to CoG in mid-March to respond by 12 th April 2024				
Collate data from survey responses				
Review and analyse feedback				
Share findings at the Experience and Engagement Committee meeting – Determine and agree on what actions, if any				
Written report to the full Council of Governors				
Update on actions to the full Council of Governors meeting				

Summary

The Council of Governors is asked to receive the following summary and note that the output from the effectiveness review work was considered by the Experience and Engagement committee at its meeting held 28th May 2024.

This survey was issued to 25 Council of Governor members in post at that time. Twelve governors responded to the 48 questions across ten categories, including an option for free text comments.

For an analysis of the results, see Appendix 1, which identified a few areas to discuss if further development is needed. The inclusion of free text boxes has proved useful in securing additional commentary to give context to the survey responses.

Comments received in the free text supported more face-to-face meetings and quality walk-around activities to help governors with the 'getting to know each other better' aspect of the Council. Buddying opportunities to support new governors were requested.

A suggestion was also made to hold meetings without the non-executive directors to discuss issues openly and be assured that appropriate responses/challenges are being taken by them.

Things you said we should keep doing:

- Face-to-face meetings.
- Governor training and development, including joint governor training with other organisations in the system.
- Effective and proactive Lead Governor & effective Chair/Deputy Chair.

- Participating in PLACE (Patient Led Assessments of the Care Environment) and Quality walkarounds.
- Good communication, including receiving regular newsletters and updates.

Three things that would improve the effectiveness of the Council:

- Provide training on how to reach out to members and suggest avenues to raise awareness of the Council of Governors.
- Offer flexibility for face-to-face engagement outside of usual working hours.
- Perhaps meet without non-executive directors (NEDs) to discuss issues openly and be assured that they are taking appropriate responses/challenges.
- Ensure adequate collaboration between old and new governors through more face-to-face meetings.

Three things that we should stop doing to make the Council more effective:

- Reduce the number of meetings on Teams and introduce more face-to-face meetings and walkarounds in the hospital, including Corbett and Guest Hospital.
- Less time on Zoom meetings regarding financial matters.
- Less cancellation of meetings.

Comments about your understanding of the term ‘Representing the views of the wider public’:

Responses received were as follows:

- Using experiences from people around your area to represent the views of the Trust.
- Looking at something through more than one lens – not just your own personal opinion.
- Governors are there to help and listen to patients, so we need to do more quality walkarounds to make the hospital more efficient.
- Acting on behalf of the wider public and acting as a spokesman to communicate their intentions and beliefs.
- We are there to listen to the views of the neighbourhood outside of the medical surroundings.

Potential areas for further development based on exceptions as listed:

There are a few responses where 10% or more of the council have identified concerns:

- I believe that the Council has made a difference to the quality of care provided by the FT and could point to examples of where we have had a positive impact if asked.
- The information we receive as Governors is easy to understand – jargon is avoided and where technical terms are used (e.g. EBITDA) they are explained clearly.
- Governors that have served on the Council for a while support the development of new Governors.
- I am aware of the skills and background of each Governor.

A smaller percentage of governors also strongly disagreed with the following:

- The Council manages to get the right balance between supporting and challenging the Board of Directors.
- Meetings of the Council are held at times and in places that allow the maximum number of Governors to attend.

The following points raised to develop actions as needed:

- Relating to communications in terms of frequency and content.
- More accessible avenues to the public to raise awareness of the Council.
- Provide training on how to reach out to members and suggest avenues to raise awareness of the Council of Governors.
- More face-to-face meetings in the hospital to help meet new governors and more quality walkaround activities.
- Ensuring adequate collaboration of the old governors with the new ones.
- Offer flexibility for face-to-face engagement outside of usual working hours.
- Perhaps meet without non-executive directors (NEDs) to discuss issues openly and be assured that they are taking appropriate responses/challenges.

Next steps:

- Governors are asked to consider the survey findings and suggest actions they would want to progress to address any development areas.
- The Experience and Engagement Group will continue to monitor progress of actions and reports to full council

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report title	NHS Provider Licence Self Certification
Sponsoring executive	Diane Wake, Chief Executive
Report author / presenter	Helen Board, Board Secretary

1. Suggested discussion points

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

The Declarations are required by NHSE but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by 31st May and the declaration in respect of condition 6 must be published by 30th June 2024.

In summary, the Trust declarations are as follows:

General Condition 6 (G6) - Systems for compliance with license conditions (FTs and NHS trusts) It is recommended that a “confirmed” declaration is made.






Continuity of service condition 7 – Availability of Resources It is recommended that ‘confirmed’ declaration is made against 3a

Condition FT4 - Corporate Governance Statement It is recommended that a “confirmed” declaration is made for each of the six sections.

Declaration 3: Training of Governors It is recommended that a “confirmed” declaration is made.

This version was considered by the Board of Directors at their meeting on 13th June 2024 with a request for endorsement prior to publishing to the Trust website.

2. Alignment to our Vision

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

Audit Committee – May 2024
Board of Directors – 13 June 2024
Full Council of Governors Meeting – 20 June 2024

4. Recommendations

The Council of Governors is asked to:

a. Endorse the NHS Provider Licence Self- Certification

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	Manage workforce demand and capacity to deliver strategic objectives
Board Assurance Framework Risk 3.0	X	Be a brilliant place to work and thrive

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

**NHS Provider Licence Self-Certification
Report to Council of Governors 20th June 2024**

1 EXECUTIVE SUMMARY

- 1.1 The Board is required to make a number of declarations at the year-end for the period 2023/2024. In respect of its annual plan the self-certification set out below is required.
- 1.2 The Declarations are required by NHS England (NHSE) but do not need to be submitted unless specifically requested by them. However, the declarations in respect of conditions 6 and 7 must be signed off by the chair and chief executive 31st May and the declaration in respect of FT 4 must be published by 30th June.
- 1.3 The declarations are informed by the Annual Governance Statement, the Annual Accounts, and the Internal Audit opinion.
- 1.4 The options available are “confirmed” or “not confirmed”. If the declaration is not confirmed the Trust are invited to provide summary explanatory information.

2 BACKGROUND INFORMATION

2.1 Declaration 1&2:

General Condition 6 (G6) - Systems for compliance with license conditions (FTs and NHS trusts)

The Board is required to confirm it is compliant with the following certification or explain why it can't certify itself as compliant.

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

It is recommended that a “**confirmed**” declaration is made.

Continuity of service condition 7 – Availability of Resources

The Board is required to make one of the following three declarations¹

3a. After making enquiries the Directors of the Licensee have reasonable expectations that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

3b. After making enquires the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources² available to it after taking account in particular (but without limitation) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested services

3c. In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

¹ *The period of 12 months, is the 12 months from the date of the certificate*

² *Required Resources include: management resources, financial resources and facilities, personnel, physical and relevant asset guidance.*

It is recommended that ‘**confirmed**’ declaration is made against 3a. In making this declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust's financial plans, CIP programme and working capital requirements are under continual review via the Finance and Productivity Committee and Trust Board to ensure resources are effectively applied.

Increased Urgent & Emergency Care activity and the drive to restore and recover elective activity to pre-covid levels has imposed pressures on the Trusts revenue resources throughout the financial year 2023/24. The Trust delivered a surplus in 2023/24 following receipt of non-recurrent deficit funding via NHSE, however the Trust did deliver a financial position that was better than plan.

System working continues to mature with emphasis on financial parity and a further risk share amongst providers for the second year running. Continuing operational pressures in 2024/25 means the Trust has set a deficit plan for the financial year which although extremely challenging the Trust is confident that it will be achieved.

2.2 Declaration 2:

Condition FT4 - Corporate Governance Statement

The Board is required to indicate it is compliant with the following statements, or if not, state why it is non-compliant. In addition, the Board is invited to identify any risks and mitigating actions in relation to each of the statements.

1) The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

It is recommended that a “**confirmed**” declaration is made as the Board is assured from the work of the Audit Committee, its Internal and External Auditors and their opinions received during the year. The Trust has no significant control issues, this is reflected in the Trust’s Annual Governance Statement.

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

It is recommended that a “**confirmed**” declaration is made as the Trust Secretary works closely with the Board, Audit Committee and Executives on matters of NHSE guidance and any impact / improvements to be made within Trust systems as a result.

3) The Board is satisfied that the Trust implements:

- (a) Effective board and committee structures.*
- (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and*
- (c) Clear reporting lines and accountabilities throughout its organisation.*

It is recommended that a “**confirmed**” declaration is made.

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

There are clearly defined reporting lines and accountabilities throughout its organisation with well established divisional structures/

Risks/Mitigations: The Board has acknowledged the reintroduction of the “Ward to Board” reporting arrangements.

4) The Board is satisfied that the Trust effectively implements systems and/or processes:

- (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;*
- (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;*
- (c) To ensure compliance with health care standards binding on the Licensee (including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions);*
- (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern);*
- (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;*
- (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;*
- (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and*
- (h) To ensure compliance with all applicable legal requirements.*

It is recommended that a “**confirmed**” declaration is made.

The Board has both directly and through its Committee structure been assured that the Trust's designed systems of internal control have been operating effectively and as intended over the year as a going concern. Where issues have arisen during the year, for example in respect of operational or financial performance, timely actions have been implemented to improve these areas. Assurance is routinely and regularly obtained as to the quality of the data supporting the Trust's performance reporting and decisions being taken and improvements seen following the adoption of Statistical Process Control (SPC) reporting. IPR structures kept under review.

Updates on progress to delivery of the Trust's Strategic plan 2021 - 2024 is provided to the Board of Directors on a quarterly basis. The Board Assurance Framework (BAF) provides a structure and process to enable the Board and has been refreshed and relaunched to focus on the key risks that might compromise the achievement of the Trust's strategic goals. Each BAF risk clearly sets out the inherent risk score, residual risk score and the target risk score. Also key controls, the gaps in those key controls and the mitigating actions for those gaps are clearly articulated now in each BAF risk. Each committee of Board receives their individual BAF risks scheduled throughout the year tabled by the Executive lead for that risk. The Board of Directors receive a one page summary of the BAF at its public meetings.

In the current year, NHS England has decided to accept undertakings from the Black Country Integrated Care Board (ICB), pursuant to its powers under the National Health Service Act 2006 as amended (NHS Act 2006), and several individual NHS trusts and foundation trusts across the Black Country System in relation to Financial Governance. In mitigation the Trust has pursued the development of a comprehensive financial recovery plan (FRP) that was approved by the Board of Directors at an extraordinary meeting held 2nd May 2024. Additional actions have been identified to address the underlying financial position as an individual Trust and as part of the Black Country Integrated Care System.

The Trust adopts a robust approach to developing its Annual Plan. Key risks and associated assurance have been reported to the Audit Committee and Board during the year and the process has been subject to Internal Audit review which concluded positively over the Trust corporate risk and assurance processes.

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

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

There is clear leadership and accountability for the delivery of high quality and safe services within the Trust. The Board both directly, and through its Committee structures, ensures that a focus is maintained on the delivery of quality services. The Trust's Quality Priorities are set in consultation with the Council of Governors and other stakeholders with regular reporting of the delivery against these priorities provided to the Board and the Council of Governors and our Commissioners. The patient experience strategy was refreshed and relaunched with an emphasis on acting on the patient voice. There are clear initiative to engage to hear the staff voice and pursue the inclusivity agenda.

The Board receives and takes in account accurate, comprehensive and timely and up to date information on the quality of care and due regard given to the active engagement on the quality of care with patients, staff and other stakeholders and an established process for escalating and resolving quality issues.

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

The Board is satisfied that there are systems in place to ensure that sufficient personnel are in place who are appropriately qualified to ensure compliance with the conditions of its provider licence.

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

The Trust has developed a series of internal and externally facilitated board development activities over the year with a focus of key areas to support cohesive working in relation to the Trust Board and the wider integrated healthcare system and in particular the establishment of Joint Board development sessions in support of effective working of the Black Country Provider Collaborative.

The Trust has an established process reflective of the new guidance issued October 2023 that ensures that all Board Members are "fit and proper" persons. The Board through its People Committee has been assured over the actions being taken to mitigate the workforce risks captured on the Board Assurance framework in relation to mandatory training, recruitment and retention. Regular reporting is provided to the Board on the Trust's compliance with the nursing safer staffing levels and the revalidation of its nursing and medical workforce.

2.3 Declaration 3: Training of Governors

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

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

It is recommended that a “**confirmed**” declaration is made.

The governor training programme is constructed on a modular basis with the modules structured to support newly appointed and elected governors. These modules were run for the newly elected governors from the elections in quarters one and four as refresher for those returned for a further term of office and new governors who took up office in June and December 2024. One to one support is in place for all new governors and buddying is encouraged for those more experienced governors to support newly appointed governors. Annual training on Fire Safety and Infection Control is offered across two sessions in the year allowing governors to attend at least one of these sessions. The Council of Governors Experience and Engagement Committee monitors the take up of induction and “mandatory” training, along with overseeing the content of the training programme utilising feedback from those attending the individual modules. All governors are offered an opportunity to access a national programme of training facilitated by NHS Providers.

A series of engagement events supplement the training and enable Governors to attend strategy workshops with the Board, coupled with presentations from elements of the Trust on their services. Members of the Council regularly participate in review and inspection activities including PLACE, Ward to Board and Quality & Safety Review audits. Governors are also invited to attend Trust Board and its committees and receive regular update briefings hosted by the chair and fellow NEDs. The Trusts Council of Governors are supported to engage with governors across the wider system and periodically share joint training and development sessions.

The Trust has worked with the Council of Governors to refresh its engagement plan for 2022- 2025 with the governors ‘out there’ initiative at its core supporting governors out and about in their respective constituencies. This is monitored by the Experience and Engagement Committee.

3 RISKS AND MITIGATIONS

3.1 These are contained in the body of the report

4. RECOMMENDATIONS

- ✓ To endorse the declarations as given in the NHS Provider Licence Self- Certification document

**Paper for submission to the Full Council of Governors on
20th June 2024**

Report title	Update from the Experience & Engagement Committee Meeting held 28 th May 2024
Sponsor / Presenter	Mushtaq Hussain – Chair of Experience and Engagement Committee
Report author	Madhuri Mascarenhas – Governance Administration Lead

1. Suggested discussion points

Summary report from the Experience & Engagement Committee that met on 28th May 2024 highlighting:

- 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.
- Training and development for governors was continually evolving, with internal sessions provided for both new and existing governors.
- Joint governor session planned with Black Country Healthcare NHS Foundation Trust in July 2024.
- The Council of Governors Effectiveness Survey results were discussed at the meeting. The report will be shared at the Full Council of Governors meeting in June 2024, and the agreed-upon actions will be implemented.
- The Committee members received a brief overview of the year-end results for the Quality Priorities 2023-24. The committee agreed to form a task and finish group, including a few governors, to draft comments on the Quality Priorities for 2023-24.
- The committee was updated on the results of the Membership Survey for the Trust Strategy Refresh.

2. Alignment to our Vision

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

Full Council of Governors Meeting – 20/06/2024

4. Recommendation (s)

The Council of Governors is asked to:

a. Note the contents of the report.

5. Impact

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

CHAIRS LOG

UPWARD REPORT FROM THE EXPERIENCE AND ENGAGEMENT COMMITTEE

Date Committee last met: 27th February 2024

<p style="text-align: center;">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Whilst the Trust remains compliant with its terms of licence regarding its public membership and is well represented by constituency, age, and gender, the current public membership figure of 13,275 is close to the required membership of 13,000. • Governors are asked to actively participate in Trust facilitated activities and identify opportunities within their constituencies. 	<p style="text-align: center;">MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • A Task and Finish Group would meet to draft the Governors comment for the Quality Account 2023-24. The comment would be circulated outside the meeting for approval. • Strategy Refresh - Member Survey Results highlighted a need for collaborative efforts to broaden the membership base and enhance community engagement strategies. Governors were encouraged to assist in expanding membership by promoting the membership within their patient groups, GP practices and local communities.
<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Governor attendance at Board Committee meetings continued to be good, provided opportunities for governors to draw assurance from work undertaken, and noted the proactive nature of committee business. • Good positive assurance was received on the progress made with the Quality Priorities 2023/24. The committee noted that despite ongoing challenges, there had been notable progress, particularly with patient discharge, experience, and communication. • Good positive assurance from the Quality Committee on significant improvements and positive trends in patient care and safety. Governors noted the active involvement of Patient Safety Partners in the Quality Committee and working groups. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • A joint governor and training development session is planned for July 2024 with Black Country Healthcare NHS Foundation Trust. • Governors are asked to review the feedback from the Council of Governors Effectiveness Survey responses to identify potential development actions.

- Governor training and development continues to be provided internally and externally to new and existing governors and is well received. Governor feedback is used to develop training sessions.
- The Council of Governors Effectiveness Survey highlighted governors' interest in more face-to-face meetings and quality walkaround activities.
















Chair's comments on the effectiveness of the meeting:

- Good attendance. Papers received on time with good and precise information.

**Paper for submission to the Full Council of Governors Meeting on
20 June 2024**

Report title	Questions Raised by Governors
Sponsoring executive/presenter	Sir David Nicholson, Chair
Report author	Helen Board, Board Secretary

1. Suggested discussion points
Governor Craig Nevin raised the below questions regarding Martha’s Rule. Response was received from Mr Adrian Jennings, Clinical Lead.

2. Alignment to our Vision <i>[indicate with an ‘X’ which Strategic Objective[s] this paper supports]</i>								
<table border="1"> <tr> <td>Deliver right care every time </td> <td>X</td> <td>Be a brilliant place to work and thrive </td> <td>X</td> <td>Drive sustainability (financial and environmental) </td> <td></td> <td>Build innovative partnerships in Dudley and beyond </td> <td>Improve health and wellbeing </td> </tr> </table>	Deliver right care every time 	X	Be a brilliant place to work and thrive 	X	Drive sustainability (financial and environmental) 		Build innovative partnerships in Dudley and beyond 	Improve health and wellbeing 
Deliver right care every time 	X	Be a brilliant place to work and thrive 	X	Drive sustainability (financial and environmental) 		Build innovative partnerships in Dudley and beyond 	Improve health and wellbeing 	

3 Report journey
Full Council of Governors Meeting – 20 June 2024 and online.

4 Recommendation(s)
The Council of Governors is asked to:
a. Note the question raised on Martha’s Rule

5 Impact						
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment				
Corporate Risk Register		<i>[Give risk Nos]</i>				
Equality Impact Assessment	Is this required?	Y		N		If ‘Y’ date completed
Quality Impact Assessment	Is this required?	Y		N		If ‘Y’ date completed

Questions Raised By Governors

Martha's Rule:

See responses below to questions raised by governor Craig Nevin, May 2024.

We are one of 143 trusts that will be in the first phase of the rollout and our lead clinician attended the first national webinar on Martha's Rule held on 20th May 2024. This was the first webinar since the pilot sites were established. He wanted to note that we are still in the early stages of implementing this rule but are well ahead of most trusts. The Call4Concern line has been launched and further details are available [here](#) on the Trust website.

We have presumed the questions pertain to rule 2 of Martha's Rule:

- How many requests has the hospital had verbally and in writing in relation to the Martha's Rule to date? **The Trust has just launched Call4Concern with the critical care outreach team infrastructure and SOPs (Standard Operating Procedures) in place. Data is still not available.**
- Does the patient have to be an in-patient or does it also apply to those attending A&E/Walk in Centre? **All inpatients as per the national spec. We intend to include neonates, ED and maternity within that, although they are not part of phase 1 of the national programme.**
- Are requests recorded and monitored? **The requests will be recorded using an informatics dashboard and also CCOT's (Critical Care Outreach Team) own audit of calls.**
- Does the monitoring capture data on additional time, cost and resource needed to for fill the request? **All the established pilot sites get very few calls with no evidence that it appears to 'open the floodgates' in any way. We will of course monitor the number of calls locally and audit outcomes.**
- Have we had any complaints to date from patients in relation Martha's Rule. For example state they have quoted they would like to seek a second opinion under Martha's Rule, but state there request for a second opinion has been refused? **Not applicable as not yet live**