



Council of Governors Meeting Papers

Thursday 19 December 2024 3:30pm – 6:35pm



Deliver right care every time

Performance

- 28 day faster diagnosis standard (Target 75%)– 77%
- 31 day decision to treat to treatment (Target 96%) – 90.8%
- 62 day referral to treatment (Target 70% from March 2024) – 71.4%



Deliver right care every time

Infection prevention & control for October

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

COMMUNICATIONS ACTIVITY NOVEMBER 2024

In November, we raised over £17,500 at the charity's annual Glitter Ball, celebrated Nazir Hussain's award win and launched a new CEO blog!

PROUD TO WEAR, READY TO CARE!

This November we also launched our refreshed uniform policy!

The policy has been developed in conjunction with our Equality Diversity and Inclusion team and Infection Prevention and Control team to ensure it meets the necessary IPC requirements but is also sensitive to health and wellbeing, and cultural and religious diversity of our workforce.

Find out more [here](#)



AWARD SUCCESS

Celebrations were underway this month for Nazir Hussain who was named 'GP or PCN Pharmacist of the Year' at the Chemist+Druggist (C+D) Awards 2024.

Nazir's 'one stop' respiratory clinic supports GP practices across Dudley, helping to improve diagnosis and treatments for patients with lung conditions such as asthma or chronic obstructive pulmonary disease (COPD).



GLITTER BALL 2024

Last month Black Country businesses came together to show support for the Dudley Group NHS Charity to raise over £17,500 and counting for the dementia appeal.

For the fourth year the Dudley Group NHS Charity, hosted their iconic annual Glitter Ball at the Cophorne Hotel in Dudley.

With the funds raised the charity will be purchasing Mobii interactive magic tables, which are fully portable interactive systems designed to project images, games and photos to walls, floors and bedside tables.



66.8K VIEWS ON TIKTOK!



We've been sharing lots of content over on our TikTok channels and in November our Super Saturday video reached 66.8k views! Make sure you're following [here](#)

WE ALSO SUPPORTED

November
Diabetes Awareness Month
Vaccination Campaign
Change NHS
Cold Weather Messaging

CEO BLOG LAUNCH



November saw us launch Diane's CEO blog on the Hub. Each week we'll be publishing a blog from Diane sharing key messages from Executive meetings and reflecting on current items from across the Trust

WE NEED YOUR SUPPORT IN THE COMING MONTHS



Winter vaccinations

Available now!

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

Christmas Events

Until end of 2024

LGBT+ History Month

February

World Cancer Day

February 4th

International Women's Day

March 8th

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), LinkedIn and TikTok!



Full Council of Governors meeting

19 December 2024 15:30hr

Rooms 7 & 8 Clinical Education Centre, 1st Floor South Block, Russells Hall Hospital, Dudley
DY1 2HQ

No.	Time	Item	Paper ref.	Purpose	Presenter
1.	15.30	Welcome 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Sir David Nicholson, Chair
2.	15.35	Annual Planning 2024/25	Workshop		Adam Thomas, Executive Chief Strategy & Digital Officer Ian Chadwell, Deputy Director of Strategy
Comfort Break – 10 minutes					
3.	16.45	Council Meeting 3.1 Declarations of Interest https://www.dgft.nhs.uk/about-us/publications/register-of-interests/ 3.2 Quoracy 3.3 Announcements	Verbal	For noting	Sir David Nicholson, Chair
4.	16.47	Previous Meeting 26 th September 2024 – Full Council 4.1 Minutes 4.2 Matters Arising 4.3 Update on actions	Enc 1	For approval	Sir David Nicholson, Chair
5.	16.50	Chief Executive's update	Enc 2	For information & discussion	Diane Wake, Chief Executive
6.	17.00 17.10 17.20	Chair's update 6.1 Board of Directors held in November 2024 6.2 Achieving Synergy – closer working with Sandwell & West Birmingham Hospitals NHS Trust 6.3 Non-executive committee chair feedback <i>by exception in respect of items for assurance, items to escalate and corporate risks</i>	Enc 3 Verbal Verbal	For information / assurance	Sir David Nicholson, Chair
7.	17.25	Integrated Quality and Operational Performance Report	Enc 4	For assurance	Karen Kelly, Chief Operating Officer Julian Hobbs, Medical Director Jo Wakeman, Deputy Chief Nurse

8.	17.35	Remuneration & Appointments Committee 8.1 Extension to Chair's term of office 8.2 Additional Responsibility Uplift for NEDs	Enc 5	For approval	Catherine Holland, Senior Independent Director Gary Crowe, Deputy Chair
9.	17.45	Strategy & Annual Plan progress report – Q2 2024/25	Enc 6	For assurance	Adam Thomas, Executive Chief Strategy & Digital Officer
10.	17.50	Lead Governor update	Verbal	For information	Alex Giles, Lead Governor
11.	17.55	Experience & Engagement Committee update	Enc 7	For assurance	Mushtaq Hussain, Committee Chair
12.	18.00	University Hospital Trust Status	Enc 8	For approval	Dr Julian Hobbs Medical Director
13.	18.10	External Auditors – tender award	Enc 9	For approval	Chris Walker, Interim Chief Finance Officer
14.	18.20	Board Secretary update	Enc 10	For approval / assurance	Helen Board, Board Secretary
15.	18.30	Any Other Business (to be notified to the Chair)	Verbal	For noting	Sir David Nicholson, Chair
16.	18.33	Reflections on the meeting	Verbal		All
17.	18.35	Close of meeting and forward meeting dates 2025: Council of Governors Meeting: 20 th March, 19 th June, 18 th September and 18 th December Annual Members Meeting: 16 th October	Verbal		Sir David Nicholson, Chair

Quoracy:

To consist of eight governors, of which at least five must be public elected governors and including at least the chair / deputy chair to preside over the meeting.

Items marked*: indicates documents included for the purpose of the record as information items and as such, no discussion time has been allocated within the agenda. Access to report information as guidance.



Season's Greetings!

UNCONFIRMED Minutes of the Full Council of Governors meeting
Thursday 26th September 2024, 16:15 hrs

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

Present:	Status	Representing
Mr Lewis Callary	Public Elected Governor	Rest of England
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Mr Alexander Giles	Public Elected Governor	Stourbridge
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Ms Natalia Hill	Appointed Governor	University of Wolverhampton
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Yunzheng Jiao	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mrs Maria Lodge-Smith	Public Elected Governor	Stourbridge
Mr Craig Nevin	Public Elected Governor	Tipton & Rowley Regis
Mrs Yvonne Peers	Public Elected Governor	North Dudley
Cllr Alan Taylor	Appointed Governor	Dudley MBC

In Attendance:

Mr Simon Ashby	Communications Manager	DG NHS FT
Mrs Helen Board	Board Secretary	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mrs Joanne Hanley	Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Miss Ninette Harris	Sustainability Lead	DG NHS FT
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	DG NHS FT
Mrs Martina Morris	Chief Nurse	DG NHS FT
Sir David Nicholson	Trust Chair – Chair of meeting	DG NHS FT
Mr Andy Proctor	Director of Governance	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Mr Chris Walker	Interim Director of Finance	DG NHS FT

Apologies:

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Ms Karen Brogan	Interim Chief People Officer	DG NHS FT
Mr Peter Featherstone	Non-executive Director	DG NHS FT
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Ms Hannah Jones	Head of Communication	Dg NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Anne-Maria Newham	Non-executive Director	DG NHS FT
Ita O'Donovan	Associate Non-executive Director	DG NHS FT
Mrs Khadeejat Ogunwolu	Staff Elected Governor	Nursing & Midwifery
Ms Deborah Pook	Deputy Chief Operating Officer	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Mrs Mary Turner	Appointed Governor	Dudley CVS
Ms Diane Wake	Chief Executive	DG NHS FT

Ms Joanne Williams	Public Elected Governor	Halesowen
Mr Lowell Williams	Non-executive Director	DG NHS FT
Mr Jonathan Woolley	Staff Elected Governor	Partner Organisations

Not In Attendance:

Mrs Emily Butler	Public Elected Governor	Halesowen
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mr Barrie Wright	Public Elected Governor	Brierley Hill

COG 24/33.0 16.15	Welcome
COG 24/33.1	Introductions & Welcome The Chair introduced himself and welcomed everyone to the meeting.
COG 24/33.2	Apologies Apologies had been received as noted above.
COG 24/34.0	Council Meeting
COG 24/34.1	Declarations of interest The Chair asked if anyone present had any declarations or conflicts of interest to note regarding any of the items on the agenda; there were none. He declared he was also the Chair of Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. There were no declarations made.
COG 24/34.2	Quoracy The meeting was declared quorate.
COG 24/34.3	Announcements The Chair informed everyone that the annual members meeting was on 17 th October 2024 at 4:30 pm.
COG 24/35.0	Previous meeting
COG 24/35.1	Previous Full Council of Governors meetings held on 20th June 2024 (Enclosure 1) The minutes from the previous meeting held on 20 th June 2024 were approved as an accurate record of the meeting.
COG 24/35.2	Matters arising There were none.

<p>COG 24/35.3</p>	<p>Update on actions</p> <p>COG24/18.1 – Previous Full Council of Governors Meeting held on 28th March 2024</p> <ul style="list-style-type: none"> - The sentence under item no. COG 24/6.2 – Trust Integrated Performance Report – the word ‘improvising’ would be amended to ‘improving’ in the following sentence: “K Rose stated that the Trust and the NHS nationally were aware of the lack of digital services available to the teams working in the community and were working on improving it.” <ul style="list-style-type: none"> o The above sentence was amended in the Final meeting minutes for 28th March 2024. This action is now completed <p>COG24/19 – Staff / Patient Story – Freedom to Speak Up Guardian (FTSU)</p> <ul style="list-style-type: none"> - The presentation on The Freedom to Speak Up Guardians would be shared with the Council of Governors. <ul style="list-style-type: none"> o The presentation was shared with the governors. This action is now completed. <p>COG24/24 – Trust Quarterly Strategy Report Q4 and Annual Plan 2024-25</p> <ul style="list-style-type: none"> - The presentation on Annual Planning 2024-25 and Strategy Refresh 2024-27 would be circulated to the Council of Governors. <ul style="list-style-type: none"> o The presentation was shared with the governors. This action is now completed.
<p>COG 24/36</p>	<p>Strategy Refresh 2024 - 27</p> <p>I Chadwell presented an update on the strategy refresh for 2024–27.</p> <p>The aim was to provide an update on the work undertaken since the last report to the Council of Governors in June 2024.</p> <p>The key updates were as follows:</p> <ul style="list-style-type: none"> • Following the board development session, it was agreed to refresh the vision statement and simplify the agreed goals. • Engagements were held over the summer to discuss priorities for developing clinical services. • Foundation Trust governors and members participated in a survey to develop a new vision statement. <p>The key results of the survey were:</p> <ul style="list-style-type: none"> • Feedback highlighted "Excellent healthcare for the people of Dudley" as the most preferred vision statement. • Virtual appointments emerged as a key topic during the Dudley People Panel on September 16, organised by the Integrated Care Board. <p>The Dudley Strategy was aligned with the recently published Darzi report and the upcoming NHS Long-Term Plan.</p> <p>Collaboration with Black Country system strategies, the Dudley Health and Well-being Strategy, and the NHS joint forward plan ensured alignment.</p> <p>The proposed framework and vision were:</p> <ul style="list-style-type: none"> • A simplified strategic framework would be represented as a "plan on a page" poster. • Refreshed goals included: <ol style="list-style-type: none"> 1. "Be a brilliant place to work and thrive." 2. "Deliver right care, in the right place every time," emphasising community-first care. 3. "Building innovative partnerships" to improve community health. • Measures of success would be defined for each goal, with approximately three metrics per goal.

	<p>The next steps would be:</p> <ul style="list-style-type: none"> • Further development and engagement with internal and external stakeholders. • The board would review the next stages in October 2024. • A workshop was planned for December to finalise proposals, aiming for formal sign-off by Spring 2025. <p>C Inglis queried about productivity metrics, specifically DNA (Did Not Attend) rates and PIFU (Patient initiated follow-up). I Chadwell clarified that this related to the Quarterly report and he would address it in detail later.</p> <p>The Chair highlighted three implications of the strategy:</p> <ul style="list-style-type: none"> - A shift towards solving health issues through community and primary care services. - Separating elective care from emergency care to enhance system efficiency, with ongoing efforts for surgical hub accreditation. - Strengthening collaborations with Sandwell, Wolverhampton, and Walsall to manage waiting lists and optimize care delivery. <p>No further comments or questions were raised.</p>
<p>COG 24/37</p>	<p>Trust Quarterly Strategy and Annual Plan Report Q1 2024 - 25 (Enclosure 2)</p> <p>I Chadwell provided an update on progress against strategic goals for 2023-24, and highlighted the following key points:</p> <ul style="list-style-type: none"> - The reporting format had been revised to align with the strategy and goals, following feedback from the previous year. - Good progress was made in Quarter one, with strong performance on mortality and the financial plan being delivered, though challenges were expected in the second half of the year. - The majority of the cost improvement programme had been identified. - The "ICan" programme, offering paid work experience placements, had started in collaboration with the local council, aiming to employ more local people, particularly those who find it difficult to access the job market. - The targeted lung health check programme, which started in August, was now live in Kingswinford. It was aimed at early cancer diagnosis for better treatment and outcomes. <p>C Nevin shared insights from attending the Freshers' Fayre at Dudley College, noting that many young adults were interested in behind-the-scenes events and work experience in the NHS. He inquired about tapping into the college and integrating such opportunities.</p> <p>I Chadwell explained the ICan programme, a Commonwealth Games legacy initiative aimed at providing paid work placements and pre-employment preparation. He highlighted the ongoing work experience programme and future plans to have a physical presence at the new Dudley campus, to engage with students about careers in the NHS.</p> <p>K Rose mentioned that the Trust actively engaged with local colleges and schools through a Microsoft Teams chat group for volunteering and sending representatives. She noted behind-the-scenes events run by Helen Board with a small team for schools to learn more about the Trust.</p> <p>A Thomas discussed ongoing initiatives, such as taster sessions for digital and technology roles, and T-level student placements, providing non-medical exposure to working in the NHS.</p> <p>C Nevin emphasised the importance of promoting non-medical NHS roles.</p> <p>A Thomas announced a virtual encounter with academies in December, aimed at showcasing NHS career paths to Year 9 students.</p>

	<p>The Chair suggested that a future update to council included more detail about on how the Trust was employing more local people as part of the strategic goal.</p> <p>J Hobbs stressed the importance of ensuring that the NHS access programmes were inclusive, reached a diverse demographic, and broadened participation, especially for disadvantaged communities.</p> <p>The Chair highlighted the importance of employment for those not currently working, including those on waiting lists for treatment. He noted the Trust’s significant role as one of the largest employers in Dudley.</p> <p>No further comments were raised.</p>
<p>COG 24/38</p>	<p>Green Plan Update (Presentation)</p> <p>N Harris, Sustainability Lead, provided an overview of the Green Plan and its current status.</p> <ul style="list-style-type: none"> • Carbon footprint reduced by 1% in 2022/23 compared to the baseline year (2019/20). Despite the recent reduction, there was a 4.8% increase from the previous year. • Carbon intensity (average emissions per bed day) increased by 2% to 104.02 kgCO₂e/BD. • In collaboration with National Express, West Midlands Bus, and West Midlands Combined Authority to introduce various travel offers: <ul style="list-style-type: none"> ▪ 25% discount on day savers for patients and visitors. ▪ February 2024: One month of free travel for staff, claimed by 400 staff members. ▪ Plan to introduce free travel for all patients soon, with administrative support. • Green Team Membership increased from 48 to over 100 members. • Ward-level medicine returns in pharmacy saved £19,225.38 and 15.8 tCO₂e in 2023. • Virtual outpatient appointments saved patients £8,620 and reduced 19.42 tCO₂e in travel emissions. • A Public Sector Decarbonisation Scheme (PSDS) application was submitted for funding to develop a heat decarbonisation plan; awaiting confirmation. • The Green Plan is due to be refreshed by April 2025. The initial plan (Dec 2020) predated NHS England's guidance; an updated guidance was expected soon. The focus would be on carbon-embedded patient pathways, with medicine and supply chain comprising 54% of the Trust's carbon footprint. Consultation with staff and review of other trust strategies underway to guide future plans. • The Green Team, with directors and staff support, conducted the “Make It Happen” walkaround and survey. The survey consisted of three key questions: <ol style="list-style-type: none"> 1. How well informed do the staff feel about the Greener NHS? 2. Ideas for sustainability. 3. Interest in Park and Ride services. <p>The findings of the survey showed that most staff felt informed about the Green Plan but noted gaps in shop-floor awareness. It highlighted five core themes for improvement:</p> <ul style="list-style-type: none"> ○ Waste and Recycling: Staff emphasised the need for more bins and recycling facilities. However, challenges remain due to infection prevention and control concerns. ○ Energy Use: Identified as a key area for further efforts. ○ Awareness and Education: Efforts were underway with new literature for staff. ○ Paper Use and Digitalisation: Duplication of work persists; staff advocated for digital solutions. ○ Transport and Commuting: Suggestions for remote and flexible working to reduce emissions.

M Lodge-Smith queried whether the public transport support scheme included shift workers, particularly those finishing late. She highlighted the challenge for staff to get home safely after late shifts using public transport. She mentioned that the lights on the main corridor remained bright throughout the night, creating challenges for staff and patients. She raised awareness about the potential health impact of constant bright lighting, especially for female workers, noting a possible link to elevated oestrogen levels and increased breast cancer risk. She suggested reducing or dimming corridor lights could save electricity and improve conditions for night shift workers and patients.

N Harris confirmed that all staff could use the public transport support scheme. She acknowledged challenges for shift workers due to limited bus services outside standard operating hours. She noted that bus number 6 offered a direct route to Russells Hall Hospital, running every 9 minutes from 6 am to 7 pm, and operated from 5 am to midnight. Limited services were available for late-night and weekend shift workers. She had organised workshops to address staff queries and review available travel options. She noted the need for further enhancements in transport support for staff.

N Harris acknowledged the concern raised regarding night-time lighting in corridors. She mentioned that Mitie was conducting lighting upgrades and had relevant plans in place. She agreed to raise the issue with the Estates team to explore solutions for night-time lighting that balance energy efficiency and staff/patient well-being.

C Nevin proposed collaboration with Councillor Alan to support Ninette Harris with her sustainability efforts. He discussed the potential use of excess heat from waste plant boilers to heat Russells Hall Hospital and other NHS buildings. Conversations regarding this initiative were underway, with plans to explore the feasibility of diverting waste heat for hospital use. He noted challenges in obtaining necessary equipment and approvals. He highlighted the need for improved coordination between the NHS and the local authority to advance sustainability projects and offered to connect with the local council's head of service to address barriers and facilitate progress

The Chair acknowledged the initiative's potential and its alignment with sustainability goals. He confirmed that there was an upcoming meeting with the local council next week and would include discussions on this matter to expedite collaboration.

A Giles commended the progress made on the Green Plan initiatives noting there was more to do. He emphasised the shared responsibility for sustainability efforts across all stakeholders and queried for specific ways governors could contribute to these efforts and what key message could be shared with patients to promote the Green Plan.

N Harris suggested the following areas where governors could support:

- Encourage patients to consider their choices regarding prescriptions, such as managing medicines effectively and reducing unnecessary private orders.
- Promote awareness of the Green Plan by engaging with patients and staff, asking if they are aware of the plan, and identifying opportunities for improvement.
- Relay feedback gathered from patient and staff interactions to inform future strategies.
- Highlighted the importance of raising awareness about the health benefits of using sustainable transport options like buses to reduce pollution and the long-term impact of such actions on public health and the environment.

Y Jiao raised concerns about inefficient heating systems in certain hospital areas, with heating remaining on during the summer months, leading to discomfort and increased costs.

N Harris acknowledged the issue and explained that the hospital lacks effective building controls, such as adjustable thermostats. She confirmed that there were ongoing

discussions with Mitie to explore solutions for better heating management and energy efficiency.

Y Jiao queried about plans to target inefficiencies in the medicine pathway and how they could be addressed. N Harris highlighted the Medicines Return Programme, which allowed for the redistribution of unused medications as a backup measure to reduce waste. She stressed that more comprehensive action was needed, and NHS England was collaborating with pharmaceutical companies to address broader issues in the medicine supply chain and carbon footprint.

The Chair emphasised the importance of energy and sustainability initiatives, noting that these topics inspired strong enthusiasm among certain stakeholders, which should be leveraged effectively. He highlighted the need for the Green Plan refresh to provide a clearer understanding of priority actions that would yield the most significant benefits. He confirmed plans to follow up with the local authority on the energy reserve issue and recommended further exploration of potential improvements to hospital lighting as part of energy-saving measures.

Action:

- Following the meeting, N Harris' presentation on the Green Plan Update would be circulated to the Council of Governors.

No further comments were raised.

COG 24/39

Remuneration & Appointments Committee (Enclosure 3)

Gary Crowe provided a brief summary of the outcomes of the Remuneration and Appointments Committee meeting held on 18th September 2024.

He noted the outcome of the chair's appraisal, which was conducted by Catherine Holland (Senior Independent Director). The outcome of the appraisal was positive. He noted that the Chair's current term of office would end in March 2025. There was a general endorsement for the continuation of his role in the future.

He reported on the outcomes of the Non-executive Director (NED) appraisals, which he conducted himself. In accordance with national guidelines, a refreshed template and approach were followed. The reviews concluded that all appraisals were fully satisfactory, with no concerns raised.

Four new NED appointments were made with the support of the Council. Consideration was given to skill sets, succession planning, and potential future committee chairs. The board acknowledged the presence of several new members and expressed the importance of continuing engagement and strengthening relationships between executives and non-executives.

G Crowe highlighted that the basic pay for NEDs was currently £13,000, and the national guidance for foundation and non-foundation trusts had not been updated for five years. There had been no pay review for this staff group during that time. He noted that a 2-3% pay increase over the past five years would have raised the NED pay to £15,000 and compared this with the recent recruitment for a NED position by WMAS for £18,000. If national guidance was not updated in the coming year, G Crowe would revisit the issue of the basic pay increase with the Remuneration and Appointments Committee.

A proposal was made to extend the discretionary additional payment for committee chairs, which currently applies to the Senior Independent Director (SID) and Audit Committee Chair, to the Finance, Quality, and Integration Committee Chairs. An additional payment of £2,000 was proposed for these roles. The board was asked to support this proposal, which would be brought to the council for final approval if supported by the joint provider collaborative (the four local trusts working together).

M Hussain queried if the Trust had experienced any recruitment issues related to the current pay for directors. G Crowe responded that the Trust continued to receive strong applications from candidates. In the most recent recruitment round, good candidates were successfully attracted. However, he noted that it was uncertain whether this trend would continue in the future. There may come a point when the Trust could risk losing strong candidates due to the current pay structure.

The Chair noted that the NEDs had not had a pay increase for five years. He clarified that the Trust, as a foundation trust, had the discretion to go outside the national pay guidance but was choosing not to at this time. The Trust was awaiting developments in the national process, which seemed like the appropriate course of action. The issue would be brought back to the Council of Governors for further discussion if there were any further delays.

The Council of Governors agreed to the following:

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

No further comments were raised.

COG 24/40

Chief Executive's update (Enclosure 4)

A Thomas presented the Chief Executive's update on behalf of Diane Wake.

The review of the Transfer of Care Hub (30th July 2024) was positive, highlighting effective collaboration across the entire care pathway, including local authority social care. Key recommendations for improvement included streamlining processes, particularly in partnership work as the winter period approached. Since July, significant progress had been made, especially in the coordination of care packages and patient transfers to the community, though there was still work to be done in improving discharge processes onwards.

The Elective Hub received positive feedback from the 'Get It Right First Time' (GIRFT) accreditation team, with strong teamwork highlighted. Areas for improvement were identified, including the separation of unplanned and planned care in paediatrics, theatre productivity planning, and digital record management. These areas need attention to achieve full accreditation.

K Rose provided an update on Dudley Integrated Health and Care NHS Trust (DIHC). She announced that DIHC had received final NHSE approval for its dissolution, effective 1st October 2024. Services would be transferred to the Trust. Staff were informed of this development today, and Kat thanked all colleagues from both the Trust and DIHC for their hard work in reaching this point. Preparations for the transfer were in place, including technical aspects such as the ESR data transfer and system access for staff, which had been rolled out in phases. Plans had been made for staff engagement, including welcome letters, presentations, and a video from the executive team, which would be shared with DIHC staff on the 1st of October. Moving forward, Kat emphasised the importance of welcoming staff and exploring new opportunities for integration with primary care, with further updates to be provided through the Integration Committee.

A Thomas expressed his gratitude to Kat and her team for the tremendous amount of work put into the DIHC project over the past year and for successfully bringing it all together.

The Integrated Operational Performance report indicated strong performance against constitutional targets, particularly in urgent and emergency care. The Trust was on track with elective recovery, aiming to eliminate the 65-week wait by the end of September, with only six patients remaining. The national target date had moved to the end of October, so the Trust was ahead of schedule. Work continued on mutual aid to address the 52-week wait for patients who had waited over a year.

One challenge currently faced was ambulance handovers, with a focus on improving discharge speed and the patient experience at the emergency department. There was ongoing work to manage this issue and address the overall risk profile.

The latest National Emergency Laparotomy Audit (EMLap) report showed that the Trust met its Best Practice Tariff targets for January-March 2024. Only 20% of hospitals achieved these targets, highlighting this as a significant achievement.

The government announced the 2024/25 pay award: 6% for doctors and dentists, and 5.5% for all other NHS staff, with backdating to April 2024. The Royal College of Nursing had rejected the pay offer for nursing staff, but the uplift would proceed. Currently, there was no indication of industrial action.

Anu Singh had been appointed as the new chair of the Black Country Integrated Care Board. A Singh attended the recent Public Board of Directors meeting and planned to continue meeting with non-executive directors and directors from local trusts.

The paediatric children's room launched at the end of July.

The annual Glitter Ball would take place at the Copthorne Hotel in Dudley on 14th November 2024.

Craig Nevin congratulated the clinical administration staff in the team for successfully reducing the 65-week wait. A Thomas acknowledged the significant effort involved, describing the meticulous attention to detail in managing each patient on the pathway to ensure timely treatment, particularly within the Surgery, Women's, and Children's directorate. He thanked everyone for their hard work.

M Hussain asked if the pay award was funded additionally or from within the Trust. A Thomas confirmed it was a fully funded pay award.

Mushtaq Hussain raised a question about the new medical examiner role introduced on 1st September. He inquired about how this role would impact existing arrangements with the coroner's office, particularly regarding weekend burials and registration, and emphasised the need for careful consideration of the medical examiner's role.

Julian Hobbs acknowledged the importance of the issue and explained that it was discussed at the Trust Executive meeting. The Trust was working on enhancing weekday provisions for rapid release. Additionally, there was national inconsistency regarding weekend services, so they had engaged with local faith leaders and the Black Country medical practitioner to ensure weekend service standards were met. The matter was a work in progress, and a suitable solution was being sought.

M Hussain noted that special arrangements for medical examiners were already in place in Lancashire and Yorkshire, suggesting that this should be considered a standard part of the service process rather than an addition.

J Hobbs acknowledged the importance of the issue, explaining that rapid release for religious reasons affected 1.3% of deaths. He noted that providing a dedicated on-call service for Dudley would require 33% of the budget, which would significantly reduce overall service capacity. He emphasised that they were working with partners to address the issue.

	<p>A Giles informed fellow governors that he had received correspondence from Anu’s team regarding a meeting with her and that other governors would meet with her in due course. He also highlighted the Trust’s achievements in equality, diversity, and inclusion, emphasising the hard work that led to achieving the gold standard framework.</p> <p>The Chair asked if there were arrangements in place for the new medical examiner role, which came into effect on 1st September.</p> <p>J Hobbs confirmed that no arrangements were currently in place. He explained that the issue involved a small number of deaths (12 over the weekend in the past year) but also highlighted the challenges around medical examiner processes and transport arrangements, which were outside the Trust’s control. He noted that some trusts have interim solutions that did not fully meet legislative requirements.</p> <p>M Hussain emphasised the need for urgent attention to the matter. The Chair acknowledged the comment.</p> <p>A Thomas confirmed that the issue was discussed at the Trust Executive meeting, emphasising the importance of partnership working across the Black Country. He stated that the Trust was committed to ensuring the service was available both weekdays and weekends. Rather than relying on interim solutions that may fall short of legislative requirements, the Trust would lead with its values. The medical examiner was working with the Black Country Provider Collaborative to find a solution, and a paper would be presented outlining the way forward.</p> <p>The Chair agreed that a collaborative response was essential and inquired about the timeline for the meetings.</p> <p>J Hobbs replied that while initial discussions had taken place, formal meetings were still to be planned.</p> <p>The Chair asked if there were ongoing conversations with faith leaders, to which J Hobbs confirmed that this had been done internally.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
COG 24/41.0	Chair’s Update
COG 24/41.1	<p>Chair’s Update - Board of Directors held in September 2024 (Enclosure 5)</p> <p>The Chair noted the summary of the September 2024 Public Board of Directors meeting, which highlighted the success of the DIHC transition. Kat and her team were commended for building staff confidence in joining The Dudley Group NHS Foundation Trust (DGFT). Presentations from DIHC staff at the board meeting revealed their enthusiasm about working with the Trust, marking an important step in integrating community services and primary care.</p> <p>The Chair requested C Walker to provide an update on the financial position.</p> <p>C Walker provided an update on the Trust’s financial position as of August 2024, noting that the Trust was performing well against the deficit plan set at the start of the financial year. Key positives included exceeding the elective recovery fund target and performing well on the cost improvement program. However, there were challenges around workforce reduction, particularly with the growth in staff and higher-than-expected bank staff costs. Looking ahead, pressures were anticipated with the opening of the Midland Met Hospital and winter-related increases in activity. Despite these challenges, the Trust was on track as of the end of month five.</p> <p>The Chair shared a powerful patient story from the last Board of Directors meeting. The patient, accompanied by his wife, was quickly treated through the frailty pathway in the</p>

Accident and Emergency department thus avoiding a lengthy wait. He was seen promptly and could return to the frailty service in the future. This story emphasised the positive impact of shifting towards community-based care.

C Nevin inquired whether a transformation project or restructuring had already been implemented to reduce expenditure. C Walker explained that the financial plan included a cost improvement program targeting just under £32 million, covering areas like productivity, workforce, and estates. While progress was strong, some projects were at risk in terms of delivery.

The Chair emphasised the importance of planning for years 2, 3, and 4, acknowledging that while additional funding may appear, its source must be clear. He also highlighted the significance of strategy, particularly in relation to the opening of the Midland Metropolitan Hospital.

C Nevin expressed that many members of the public, including himself, did not fully understand urgent treatment centres. He praised the clarity of the new system's handout, which directed individuals potentially impacted by the shift of emergency services to the new hospital to the most appropriate place for care based on their condition.

The Chair highlighted the significance of the new Midland Metropolitan Hospital, noting its £750 million investment as the largest capital project in the Black Country's history. While the opening of the hospital brought challenges, it also offered opportunities, including the repurposing of Sandwell and West Birmingham Hospitals NHS Trust (SWBH) into an elective hub with 13 operating theatres for day case work. This would help separate emergency and elective care. The Chair emphasised the opportunity to collaborate more closely with Sandwell and West Birmingham Trust to benefit both populations. A team that included the deputy chairs from both trusts, Gary Crowe and Lesley Writtle, along with the lead governor, Alex Giles, would explore ideas for a developing partnership.

A Taylor raised a concern about the lack of access to patient notes between the cardiology department at DGFT and SWBH, emphasising the need for improved coordination across services.

The Chair acknowledged the issue and emphasised the need to improve system support for both patients and staff as they move across organisations, highlighting the importance of strengthening inter-organisational relationships.

J Hobbs highlighted the delay in sharing imaging results across hospitals, emphasising the need for a technical solution to make scanned images freely available. This was a key issue, as patients expected seamless access to their imaging results, and commissioners would be strict as integration progressed. A Taylor and C Nevin shared personal experiences of difficulties in accessing or transferring scans between hospitals, underscoring the need for better system interoperability.

A Thomas explained that while healthcare systems can communicate, they are outdated. He mentioned a national imaging-sharing platform that allowed access to scans from locations like London. However, communication was still a key challenge. He highlighted that the West Midlands Imaging Network, a regional initiative, was a major step forward, alongside the national shared record program, which covered all sites in the Black Country. However, he noted that this system was inadequate for specialised areas like cardiology. He expressed concern that the national team planned to phase out the shared record system in the next 2-3 years. He emphasised the importance of ensuring systems in specialist areas work together and shared that year's of competition between healthcare providers had delayed progress.

A Giles asked if the reluctance to share records stemmed from a past public consultation.

A Thomas explained that a general consensus against sharing records existed around 18 years ago. However, the shared care record system, rolled out between 2014 and 2016 across the Black Country, allowed individuals to opt out through their GP. He noted that 75% of the population was now connected via the NHS App, which supported record sharing. He also mentioned plans to map the system into a national framework linking all hospitals.

A Giles pointed out that patients often resisted sharing records, and suggested that better education was needed to help patients understand the benefits.

J Hobbs advised that he chaired the information-sharing group and agreed that education was crucial. He noted that a video explaining the benefits of information sharing was available. He stressed that sharing essential information, such as allergies, in emergencies made sense to most people. However, more sensitive information, like a terminated pregnancy, may not be shared unless required. He concluded that finding a balance between what information was shared and ensuring patient privacy was key, and ongoing dialogue with patients was vital.

M Morris revisited the leaflet regarding the Midland Metropolitan University Hospital (MMUH), noting that it was well-written and clear. She emphasised the importance of communication, especially with winter approaching. While acknowledging that the Trust shared information about urgent and emergency care pathways via the website, intranet, and social media, she suggested that the communications team review whether a similar approach to the MMUH leaflet should be considered for their own communication efforts.

C Nevin agreed, pointing out the need to break down what constitutes urgent care versus A&E for the general public, especially for younger generations who may not fully understand the difference. He shared that he had personally found it eye-opening to learn that urgent care needs, such as vomiting and diarrhoea, should be directed to urgent treatment centres rather than A&E. He highlighted that simplifying the information and making it more accessible could help the public better navigate healthcare services.

The Chair acknowledged the frustration that, in today's world, it's hard to understand why a doctor treating a patient in one location doesn't have access to their medical records from another. He emphasized the importance of resolving this issue.

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

COG 24/41.2

Trust Integrated Performance Report on and note position in respect of Trust targets (Enclosure 6)

D Pook sent apologies on the day as she could not attend the meeting due to site pressures.

Before the meeting, the following query was sent by Governor Natalia Hill requesting more detail on the below line in enclosure six:

Black Country Pathology Service (BCPS) E-requesting went live on the 7th of August. Based on initial response, compliance is forecasted to achieve 35% by the end of August.

A Thomas provided an update on the implementation of electronic requesting for systolic pathology within the Black Country Pathology Services. The Dudley Group was the first to implement electronic requesting for most pathology services, but systolic pathology was delayed. Dudley went live with systolic pathology requesting on August 7th, with the goal of reaching 95% electronic requesting across all services. Dudley was currently at 56%, up from 35% in August. Wolverhampton, who hosted the service, was at 61%, Walsall at 36%, and Sandwell and West Birmingham at 48%. He highlighted the challenges with adopting electronic requesting, particularly with systolic pathology,

	<p>where issues like the inability to describe tissue sources electronically had posed barriers. He had asked the team to engage with Black Country Pathology Services to address these challenges. The matter would be discussed at the Black Country Pathology Service Board, chaired by J Hobbs, who would keep the group updated.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
COG 24/41.2	<p>Non-executive committee chair feedback by exception (Verbal)</p> <p>Committee Chairs not in attendance.</p>
COG 24/42	<p>Dudley Integrated Health and Care NHS Trust Update (Verbal)</p> <p>K Rose provided an update on Dudley Integrated Health and Care NHS Trust under item no: COG 24/40 – Chief Executive’s Update.</p> <p>No further comments were made. The update was noted for assurance.</p>
COG 24/43	<p>Quality Priorities 2024-25 Q1 (Enclosure 7)</p> <p>M Morris provided an update on key focus areas regarding patient safety, clinical effectiveness, and patient experience.</p> <ol style="list-style-type: none"> 1. Patient Safety: <ul style="list-style-type: none"> ○ The priority was diabetes management, which was identified through engagement across the Trust and incidents. A working group was in place, led by the division, to drive improvement in diabetes care. The goal was to ensure all staff had the necessary skills and knowledge to care for diabetic patients, as there was no dedicated diabetic ward. ○ The report highlighted achievements in quarter one. 2. Clinical Effectiveness: <ul style="list-style-type: none"> ○ The Trust was focused on improving outcomes for patients with fractured neck of femur and vascular accidents (stroke). ○ Progress had been positive, with improvements seen in mortality rates, indicating better outcomes for these patients. 3. Patient Experience: <ul style="list-style-type: none"> ○ A new approach had been taken this year to improve patient survey results. Common themes like communication, pain management, and nutrition/hydration had been identified. ○ A patient survey experience engagement session in August involved staff across the Trust to discuss the results and improvements. While positive movement had been seen, the goal was to reach the top quartile in patient surveys, especially for inpatient, urgent, and emergency care surveys. ○ Efforts to improve pain management had been led by a divisional chief nurse, with engagement in a research project by NHS England on pain management within the emergency department. ○ Further areas of focus included the management of delirium and dementia and learning disabilities, recognising the importance of providing the right care for these patient groups. <p>J Hobbs provided an update on mortality rates and assured the governors that the Trust’s overall position was strong. The Trust had been transparent about its quality objectives and was focused on areas that required improvement. Two key areas of focus were:</p> <ul style="list-style-type: none"> • Stroke care: Progress was being made in that area. • Fractured neck of femur: While there had been general improvement, further work was needed.

	<p>S Harris suggested including more updates in the newsletter to inform the people of Dudley about current NHS activities, as there was a perception that the NHS was falling apart.</p> <p>C Nevin queried about the dementia and delirium team, noting that while the service was excellent on the “Forget Me Not” ward, the support was lacking on general wards. Despite his father-in-law, who has dementia, being admitted multiple times in the past year, C Nevin never encountered the dementia team. He questioned the team's role and when they intervened.</p> <p>M Morris explained that the dementia and delirium team was part of the safeguarding team, specifically the complex vulnerabilities team. She stated that recent improvements, such as appointing an admiral nurse, had been made. She agreed that more focus on staff training and raising standards was critical.</p> <p>C Nevin added that when his father-in-law, who has dementia, was treated, he often had to intervene as the power of attorney, as his father-in-law cannot communicate effectively with medical staff. He stressed the importance of including power of attorneys in decisions, particularly when patients cannot make decisions themselves.</p> <p>M Morris promised to address these concerns by discussing them with the team and incorporating this issue into future education and training efforts. She expressed understanding of the frustration and committed to taking action to improve personalised care for dementia patients.</p> <p>Y Jiao inquired about the mortality rate for patients with fractured neck of femur, noting that the report indicated the Trust was among the top 10 trusts for poor mortality rates for this condition nationally, although he was pleased to see improvement since the report. He also raised a concern that the actions outlined in the report mainly focussed on post-fracture care and questioned whether any work had been done on preventing the fractures themselves.</p> <p>M Morris emphasised that preventing falls was a key focus across the Trust, supported by staff education, training, and falls prevention strategies. The Trust had a falls lead, and incidents were analysed to identify areas for improvement. While not all falls could be prevented, clear learning from incidents was used to drive progress. The new Patient Safety Incident Response Framework (PSIRF) process prioritised learning to improve patient outcomes and prevent future falls.</p> <p>J Hobbs highlighted the Trust’s strong focus on both primary and secondary prevention. The geriatric program was very active and effective for secondary prevention, particularly in osteoporosis. The Healthy Lung programme also contributed to early detection, while rheumatology treatment pathways ensured primary osteoporosis prevention.</p> <p>M Morris emphasised the importance of preventing patient deconditioning during prolonged hospital stays. A Chief Nurse Fellow was leading this initiative, bringing enthusiasm and driving the team to achieve positive patient outcomes.</p> <p>The Chair encouraged M Morris to discuss training plans with the team. He recognised the importance of communicating key Trust achievements through the membership newsletter.</p> <p>No further comments were made. The report was noted for assurance.</p>
<p>COG 24/44</p>	<p>Lead Governor Update (Verbal)</p> <p>A Giles provided a brief update on governor activities during the last quarter.</p>

	<p>He thanked governors Yvonne Peers, Craig Nevin, Alan Taylor, Sandra Harris, and Lewis Callary for attending the Dudley College Freshers Fayre to promote the Foundation Trust membership programme. Their efforts resulted in the recruitment of approximately 35 new members.</p> <p>He thanked Craig Nevin and Sandra Harris for attending the Dudley Improvement Practice Showcase event, where they learned about various improvement projects the team was assisting with across the Trust.</p> <p>He highlighted the value of joint training sessions with the Black Country Healthcare NHS Trust. These sessions provided governors with valuable insights into system working and helped them understand the collaborative agenda.</p> <p>He thanked Kat Rose and her team for their significant efforts in integration work, noting that the work completed to date had been substantial.</p> <p>He thanked governors and board members for their continued collaboration and engagement. He also thanked the governors for attending board sub-committee meetings and providing necessary assurance.</p> <p>C Inglis, on behalf of the governors, thanked A Giles for his hard work with the council and expressed appreciation for his efforts.</p> <p>No further comments were raised. The update was noted for information.</p>
<p>COG 24/45</p>	<p>Board Secretary Update (Enclosure 10)</p> <p>H Board presented the report given as enclosure ten.</p> <p>She highlighted the upcoming Council of Governors elections later this year. A few governors would be coming to the end of their term of office. Terms were staggered, and elections were held twice a year to ensure a continuous flow of new governors. The Lead Governor's term would also conclude, as the role aligns with the governor's term of office. Elections for the Lead Governor position would begin in January 2025.</p> <p>The Foundation Trust's constitution was regularly reviewed, typically annually. Recent changes related to Dudley Integrated Health and Care NHS Trust may affect staff constituencies, with minor wording updates. Additionally, new guidance from the Health and Social Care Act 2022 would be considered to ensure the constitution remained current. A report for Council approval would be brought to the next meeting.</p> <p>The Annual Members Meeting was discussed, emphasising the importance of governors attending. Governors were required to attend and receive the Trust's Annual Report, Accounts, and the final Auditor's report. These documents were submitted to Parliament and had been cleared to proceed. H Board thanked Simon Ashby and the communications team for their hard work in compiling the annual report. The Annual Members Meeting would spotlight the importance of community-first services with hospital care where necessary.</p> <p>The external auditors' contract would end soon, which prompted a new appointment process. The lead and deputy lead governors, Alex Giles and Yvonne Peers, would participate and oversee the appointment, including the tenure evaluation process. In December, a report would be brought to the Full Council of Governors for endorsement, which would be done in collaboration with the Interim Finance Director, Chris Walker, and his team.</p> <p>There were no questions or comments raised.</p>
<p>COG 24/46</p>	<p>Experience & Engagement Committee Update (Enclosure 11)</p>

	<p>M Hussain presented an update on the Experience and Engagement committee meeting from 10 September 2024, given as enclosure 11.</p> <p>The public membership numbers remained steady at around 13,000.</p> <p>Natalia Hill was elected Deputy Chair of the Experience and Engagement Committee, and the Chair congratulated her on her appointment.</p> <p>A Task and Finish Group would be established to review and plan actions based on the feedback from the Council of Governors' Effectiveness Review Survey.</p> <p>The committee endorsed a new initiative proposed by Governor Craig Nevin to establish a Governors' Commitment Pledge.</p> <p>The Committee approved the Terms of Reference with one proposed amendment, as outlined in Appendix 1.</p> <p>C Nevin shared his experience at the Governwell Focus Conference. He mentioned that he had created a plan for his term of office, outlining committee attendance and focus areas. He emphasised using professional knowledge to contribute to the Trust and encouraged new governors to set achievable goals for their term.</p> <p>The Chair mentioned the impressive board of governors at Northampton and suggested speaking with them about their work in bringing organisations closer together.</p> <p>No further comments were raised. The update was noted for information.</p>
<p>COG 24/47</p>	<p>Any other Business (Enclosure 12 / Verbal)</p> <p>Clare Inglis announced that National AHPs Day would be celebrated on Monday, 14th October, with an event in the Russells Hall Hospital lecture theatre. All attendees were invited to attend and could contact Helen Board for the Teams invite if needed.</p>
<p>COG 24/48</p>	<p>Reflections on the meeting (Verbal)</p> <p>The Chair thanked everyone for attending the meeting and Alex Giles for doing a sterling job as lead governor.</p>
<p>COG 24/49</p>	<p>Close of meeting and forward Council of Governor meeting dates: 2024/25</p> <p>The next meeting dates were as follows for 2024: 19 December 2024 and 20 March 2025</p> <p>The meeting closed at 18:30 hrs.</p>

Sir David Nicholson, Chair of the meeting

Signed..... Dated

Outstanding
To be updated
Complete

Item to be addressed

Item to be updated

Item complete

Council of Governors meeting held 26th September 2024

Item No	Subject	Action	Responsible	Due Date	Comments
COG 24/38	Green Plan Update	The presentation on The Green Plan Update would be shared with the Council of Governors.	Foundation Trust Office	Completed	Presentation was shared with the governors

Paper for submission to the Council of Governors on 19 December 2024

Report title:	Public Chief Executive Report
Sponsoring executive:	Diane Wake, Chief Executive
Report presenter/author:	Karen Kelly, Chief Operating Officer Alison Fisher, Executive Officer

1. Summary of key issues using Assure, Advise and Alert
<p>Assure</p> <ul style="list-style-type: none"> Operational Performance Patient Feedback <p>Advise</p> <ul style="list-style-type: none"> Black Country Provider Collaborative Learning and Improvement Networks and National Improvement Guides Change NHS: Help Build a Health Service Fit for the Future NHS Oversight Framework 2024/25 – Quarter 1 Dudley Local Authority Chief Executive Bowel Ultrasound Training National Institute for Health and Care Research Further Faster 20 Charity Update Healthcare Heroes Awards Visits and Events <p>Alert</p> <ul style="list-style-type: none"> None

2. Alignment to our Vision		
Deliver right care every time	X	
Be a brilliant place to work and thrive	X	
Drive sustainability (financial and environmental)	X	
Build innovative partnerships in Dudley and beyond	X	
Improve health and wellbeing	X	
3. Report journey		
Board of Directors – 14 th November 2024		
Full Council of Governors Meeting – 19 th December 2024		
4. Recommendation		
The Council of Governors is asked to:		
a) Note and discuss the contents of the report		
5. Impact		
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 3.0	x	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 6.0	x	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	x	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation

Operational Performance

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks, and working on achieving by October. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery. The next target for focus is the 52 week wait patients being treated by the end of March 25.

Black Country Provider Collaborative

The following are the key messages from the 9th of September 2024 Black Country Provider Collaborative 'Extended' Executive meeting and an extraordinary meeting of the Collaborative Executive held on the 16th of September 2024.

A. Improvement

- **Clinical & Operational Productivity** – The Collaborative Executive were provided a brief update on the following key items:
 - **Black Country Financial Recovery Plan delivery update** – It was noted that the system was broadly on target to hit the trajectory for month 5, which would be confirmed shortly when the validated data is made available.
 - **Developing a proposed way forward for years 2 to 5** – The Black Country Provider Collaborative Managing Director presented a short paper on the rationale for the need for a 'delivery partner' to support efforts centred on yrs 2 to 5. Whilst some incremental transactional activities may be found and progressed, the consensus from the Collaborative Executive was that a delivery partner was required to support the broader identification of opportunities, but more importantly the delivery of these.

It was agreed that the Black Country Provider Collaborative Managing Director and Executive Finance Lead would seek to rapidly engage wider Executive colleagues to clarify the 'exam' question(s) we seek to address and firm up the draft specification to be used for the subsequent procurement process.

It was also agreed that the pursuit of any 'delivery partner' would be progressed on a contingent basis and must focus on 'meaningful solutions' to the significant financial challenges being faced.

B. Transformation

- **Corporate Service Transformation** – The Black Country Provider Collaborative Senior Responsible Officer for the Corporate Service Transformation provided an update on the Corporate Services Transformation work. Key points to note included:
 - 'Scene' setting to ensure that the reasons for pursuing the Corporate Services Transformation work was consistently understood.
 - Clarity on what we are doing, and in particular the pursuit of a 'Contractual Joint Venture', what this is together with its pro's and cons'.
 - An update on the governance arrangements that will support its progression and delivery.
 - The range of activities that are actively being progressed such as 'baseline / opportunity assessment'; identifying the 'phasing' of work; communications & engagement planning; and the preparation of 'engagement' workshops for all corporate improvement staff; and
 - Understand the variety of ways in which staff can get involved in the work that will follow rapidly over the coming few months.
- **Primary Care Strategy** – The Black Country Integrated Care Board Director of Primary Care presented the draft Primary Care Strategy as part of a wider consultation currently being progressed.

It was noted that there are many strengths to this draft, but there is a strong focus on the business of Primary Care, with little direct reference to impact or importance of other healthcare segments

(e.g. acute, community of Mental health care), and very little is said on the quality of care (e.g. standards, health outcomes etc).

All partners were encouraged to provide feedback, and it was hoped that these would be reflected in any revised draft.

- **Urology Cancer Services Transformation** – A two-part presentation was received by the Collaborative Executive:

- **Part 1** – was provided by the Black Country Provider Collaborative Chief Operating Officer from Dudley Group Foundation Trust who shared an update on the progress to transform Urology Cancer Care, with the initial focus on Renal cancers and their provision being centralised at Dudley Group Foundation Trust.

The Collaborative Executive was provided an overview of the Programme Governance; an insight to the challenges, risks and mitigating actions; progress with attaining Spec Comm accreditation; outputs of the public involvement and Health & Overview Scrutiny Committee support; the development of the required business case; and an anticipated transition / implementation before the end of the year.

- **Part 2** – This was complemented by a short presentation by the Black Country Provider Collaborative Chief Medical Officer who shared a range of insights on the use of (and impact of) the Surgical Robots. It was evident that activity was growing in parallel with expertise across a range of specialties, but operational constraints were currently limiting their optimal use / maximum benefit.

The long-term health outcome benefits continue to be tracked, but proxy measures such as readmission and complication rates were trending in a positive direction (i.e. early indications are that there is a reduction in both), something we will continue to monitor.

C. Strategic & Enabling Priorities

- **Strategic Planning Framework** – The Black Country Provider Collaborative Lead Chief Strategy Officer shared a paper analysing the alignment and synergy of priorities that currently exist and could be improved through use of a standardised tool in the form of the Strategic Planning Framework.

The Collaborative Executive discussed the merits of collective planning and supported a mandate for the Chief Strategy Officers to pursue a standardised SPF approach, engaging system partners and establishing a clear ‘focal’ point for future planning and strategic endeavours.

It is anticipated that a clear annual planning process for 25/26 will emerge utilising key fixed points (e.g. Joint Board Development workshops in December 24 and March 25) with a diverse range of Executives engaged on this over the remainder of this financial year.

- **Pharmacy Aseptics** – The Collaborative Executive received an update from the Chief Pharmacists on the progress of the Pharmacy Aseptic work, with the rationale and its importance re-iterated. Progress has been steady but constrained by both capacity and capability.

The Collaborative Executive has agreed to support this work with dedicated part time seconded support (until the end of the 24/25 financial year) to focus on the development of a feasibility study alongside a procurement specification which would deliver a subsequent full business case for a Black Country Pharmacy Aseptic solution(s).

- **Agenda for Change Common Rate Card** – The Black Country Provider Collaborative system lead for Workforce presented a short paper on the Agenda or Change Common Rate Card. A number of proposals were made recognising the slight variation of approaches at each of the Black Country Provider Collaborative partners.

Following measured discussion, which took account of the varied start point of each partner Trust, the hard to staff specialties (variance at each partner Trust) and the forthcoming winter period (that may present operational challenges), it was agreed that all partners would work towards implementing a position where all staff (bank & substantive) will be paid at the lower end of the band from the 1st April 2025.

For “hard to staff” areas a set of guiding principles for minimal enhancements (e.g. £5 per hr extra) would be established by the Chief Nursing Officer’s in due course and monitored regularly.

Learning and Improvement Networks and National Improvement Guides

In September, NHSE published four clinical and operational improvement guides which provide key principles of valuing patients’ and staff time along with improvement ideas to test, adapt and build on to suit our local challenges.

1. Improving flow through the emergency care pathway
2. Greater value for patients from theatres, elective surgery and perioperative care
3. Greater value for patients from outpatient services
4. Improving medical consultant job planning

We are applying the guide on Urgent and Emergency Care flow and discharge processes as we develop our winter plan. Starting with reducing ‘length of unnecessary stay’ which is the time patients are in bed after they have been recorded as medically optimised (medically fit for discharge).

We are cross-referencing the change ideas with the experience of staff working on our Frailty and Respiratory wards which currently experience the longest discharge delays. With over 40 change ideas provided in the guide, it is important that we apply our Improvement Practice approach to testing changes in our local settings to establish which have the greatest impact on our key breakthrough performance metrics.

The regional NHS England teams will be setting up regional Learning and Improvement Groups. The sponsoring chief executives for West Midlands Learning and Improvement Group is Glen Burley who will be contacting the local Trust improvement teams to help share their learning from the improvement initiatives within the guides.

Our Director of Improvement is in discussion with the improvement leads from the Black Country Provider Collaborative trusts to set up our own Learning and Improvement Network initially focussing on improving discharge effectiveness. We will share our learning and successes with the regional NHSE team.

Change NHS: Help Build a Health Service Fit for the Future

The Government has launched a *Change NHS: help build a health service fit for the future* in October to start a national conversation to develop the 10 Year Health Plan. A national portal has been opened to share experiences and ideas. Face to face all-day staff engagement events will be organised in 2025 across each of the seven regions and “workshop in a box” will be provided for local events to be held with staff, patients and stakeholders.

NHS Oversight Framework 2024/25 – Quarter 1

The Trust has received confirmation that NHS England Midlands Regional Support Group agreed with the Black Country Integrated Care Board’s recommendation to keep Dudley Group in segment 3 of the NHS Oversight Framework for Quarter 1. The full letter can be found appendix 1.

Dudley Local Authority Chief Executive

Balvinder Heran has been appointed Interim Chief Executive from 1 October 2024 following the retirement of Kevin)’Keefe. Balvinder has been deputy Chief Executive at the authority since March 2021. She is leading on the development of the council’s new operating model, a new way of working which will see council-wide improvements by reducing duplication, improving processes and

maximising digital and technological opportunities to ensure services can continue to be delivered in the best interests of residents.

Bowel Ultrasound Training

The International Bowel Ultrasound Group in Amsterdam has endorsed Russells Hall Hospital to become a training site. We will become the first UK centre delivering phase 2 training for bowel ultrasound led by a Gastroenterologist (the only other centre is Frimely, delivered by a Radiologist). Trainees will undergo two weeks immersive training at the Trust. A brilliant and well deserved achievement.

National Institute for Health and Care Research

On the 1 October 2024 the National Institute for Health and Care Research Delivery Network launched replacing the Clinical Research Network. The Regional Research Delivery Network Directors and health care directors are in post and working through the final management of change for staff. A delivery plan giving assurance around the enablement of ongoing research delivery has been shared with partners.

Further Faster 20

The Trust has been identified to receive targeted support as part of a Further Faster 20 initiative to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity. This initiative will provide resource and focus in areas where they can have substantial impact to reduce waiting lists to build on work being undertaken locally. The initiative will build on the success of Get it Right First Time and other improvement approaches to:

- Create a supportive programme that will develop and deliver in partnership with the Trust
- Build on the Further Faster programme and extend it so will not be duplicative for Trusts already part of the Further Faster programme
- Build on the existing work of our teams to identify, scale and share opportunities for further improvements we can deliver first in our Trust and into the rest of the NHS where appropriate.
- Identify areas in our pathways that have disproportionate opportunities to improve patient care. These might include: community

The team will work closely with our clinical and operational teams to ensure the work aligns with work already taking place and maintain a clinically-led, data driven approach.

Charity Update

Charity Launch

Dudley Group NHS Charity recently launched a refreshed brand, new website and mascot thanks to a development grant from [NHS Charities Together](#).

The new “Smiles” branding reflects how the charity strives to bring happiness to patients and staff, and this is reflected in their new logo.

The new strapline for the charity is ‘Making every day better’, reflecting the charity’s aim to support the wellbeing and experience of patients, visitors, and staff of the Trust.

The charity now has its first standalone website www.dgnhscharity.org. With an eye-catching design and user-friendly feel, the charity hopes the new site will help to increase public engagement, fundraising and awareness of the fantastic work we do as a charity and as an NHS Trust.

The charity also unveiled the newest member to their team, their new charity mascot. Aati the friendly fox was designed by twelve-year-old Laila Adams-Flash, who won a competition run by the charity for local children. The larger than life costume, which made its first appearance during the launch definitely put a smile on everyone's faces!

We are looking for volunteers to be the 'face' of the Dudley Group NHS Charity as our new charity mascot, Aati the friendly fox! As a mascot volunteer, you will be representing our charity at events and promotional opportunities in Dudley and across the Black Country, where you will interact with members of the public whilst raising awareness of our cause. Your height needs to be between 5ft 6 and 5ft 10. If you have a flair for getting into character and improvisation, please email dqft.fundraising@nhs.net.

Christmas Chocolate Appeal

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

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

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

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

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

London Marathon 2025

Would you like to be part of the world's most popular marathon? The Dudley Group NHS Charity have secured a charity bond place for the 2025 London Marathon and are looking for a runner to fundraise for the charity.

The famous route takes in most of London's famous landmarks including Buckingham Palace, The Cutty Sark, Tower Bridge and Canary Wharf.

We are asking for £350 deposit to secure your place and a further £1,500 to fundraise for a ward or department of your choice.

If this is you, please register your interest at: dqft.fundraising@nhs.net and the charity team will be in touch. Alternatively, if you have already secured a place, and would like to fundraise for our charity, please contact the team.

Healthcare Heroes

Since our last update and after a busy summer, we're sharing six amazing Healthcare Heroes.

Volunteer healthcare hero winner



Craig Williams was nominated for being the face of our Russells Hall Hospital reception from the minute he arrives to the moment he goes home.

Nothing is ever too much to ask from him and he is always helping others whether it's members of the public, hospital patients or colleagues. His ability to remain cool, calm and collected during all situations is truly amazing.

Individual winners



Hasheem Elhossamy was nominated by a colleague for always going the extra mile when providing patient care and for always being on hand to help the Obstetrics and Gynaecology department at Russells Hall Hospital.



Andrea Edwards was nominated for the invaluable education she provides to new parents on the neonatal unit and for how much support she provides to them at a very uncertain and sometimes scary time.

Andrea's nomination noted how the training she provided to a new dad potentially saved a baby's life after he was able to recall the training he had received, delivering rescue breaths to his baby daughter when she became very unwell until the paramedics arrived at his home.

Everyone admires how passionate Andrea is about her work as a STORK facilitator and how you want to further develop the service to help as many young babies and their parents as possible.



Luke Purdy was nominated by a colleague who wanted to highlight the work Luke has done in setting up a new Youth Service. The nomination also mentioned how passionate Luke is in wanting to help young people to deal with their long-term health conditions by using a holistic approach where possible, and by seeing young people in places that are the most comfortable for them including schools and colleges!

Team winners



The Safeguarding and Complex Vulnerabilities Team were nominated as Healthcare Heroes for their professionalism and diligence whilst implementing the new Mental Health Act requirements. The nomination also mentioned how the team are driven to achieve the best outcome for the most vulnerable patients and how they are working collaboratively with colleagues both internally and externally across the West Midlands region.

Patient Feedback

Ward C6 - All the staff were fabulous from start to finish I felt safe and well cared for.

Gynaecology - Staff were amazing, friendly and supportive. Everything went smoothly and on schedule for my procedure.

Day Case Unit, Russells Hall - All staff were so kind and caring explaining every step of the way, they truly are amazing.

Community Heart Failure - I felt that I was listened to and had things explained clearly. In addition, I felt I had a voice.

Maternity (Birth) - Knowledgeable and friendly Midwives. From the moment I arrived I felt safe and well looked after. I could not have asked for a better birthing experience.

Children's Outpatients - Staff were kind, respectful and patient. I am very pleased with the service, very supportive service.

Accident & Emergency - Care was taken at every stage and everything was fully explained so I knew what I was dealing with.

Dermatology - The staff were very helpful, caring and knowledgeable and always punctual with my appointment times.

Coronary/Post Coronary Care - All the staff worked well together. The investigation was carried out in a thoughtful and professional manner.

Awards



Pharmacy Awards

World Pharmacy Day, organised by the International Pharmaceutical Federation is a day on which we can recognise and celebrate the crucial role that pharmacists and pharmacy colleagues play in building healthier communities here in Dudley. During the week we celebrated our pharmacy staff with their annual department led Pharmacy Awards



Allied Health Professionals (AHPs) Awards

On 14th October, colleagues from across the Trust celebrated Allied Health Professionals Day.

AHP's Day is an annual opportunity for staff to come together to celebrate the 14 distinct professions. This year's theme, "Quality and Safety," highlights the vital role AHPs play in ensuring that patients receive the highest standard of care while maintaining a safe and supportive environment.

The focus of our celebrations included an opportunity for staff to showcase and present service innovations and improvements as well as insightful and inspiring personal stories and career journeys. There was also the annual AHP Awards ceremony, presented by Karen Lewis, chief AHP.



International Bowel Ultrasound Group training status awarded to the Trust

The Dudley Group NHS Foundation Trust has become one of the first Trusts in the country to have been awarded training status from the International Bowel Ultrasound Group (IBUS) .

Dr Shanika De Silva, consultant gastroenterologist, established the Bowel Ultrasound Service at The Dudley Group following successful training and accreditation.

Since then, Dudley has become one of the first active training centres for Bowel Ultrasound within the UK. Training is organised through the International Bowel Ultrasound Group (IBUS) for trainees interested in applying. IBUS aims to advance intestinal ultrasound research, education and clinical applicability in the area of inflammatory bowel disease (IBD).

The ultrasound procedure is non-invasive for managing patients with inflammatory bowel disease, this offers an alternative to Colonoscopy and MRI scans with no need for bowel preparation.

The patients attend for a one stop shop where they can have their outpatient appointment and bowel ultrasound in one visit. This is a quicker diagnostic and helps to expedite IBD patient pathways. There is also the potential to undertake the procedure as an inpatient.



GP or PCN Pharmacist of the Year

Nazir Hussain's 'one stop' respiratory clinic supports GP practices across Dudley, helping to improve diagnosis and treatments for patients with lung conditions such as asthma or chronic obstructive pulmonary disease (COPD).

He was named 'GP or PCN Pharmacist of the Year' at the Chemist+Druggist (C+D) Awards 2024.

Nazir said: "I see the difference this clinic makes to patients. I want more people to have these benefits.

"We know patient experience and outcomes can improve for respiratory conditions, so I'm really pleased to be recognised in this way because this model really helps."

The clinic works by proactively identifying patients with higher risks of needing hospital treatment in future. This is done by looking at how often patients have needed help and what treatments they've been given over a set period.

Most high-risk respiratory patients seen in the clinic were successfully managed in the clinic without needing further hospital treatment.

Patients are also sent for diagnosis tests, such as spirometry which measures how much air you can breathe out in one forced breath. The clinic also offers fractional exhaled nitric oxide (FeNO) testing which measures inflammation in the lungs. Making these processes faster can help patients avoid long waits for hospital tests.

As well as winning at the C+D Awards, Nazir was also shortlisted and highly commended in the 'Rising star' and 'Hero clinical' categories at the Asian Professional National Alliance NHS Network awards.

Visits and Events

3 September	NHSE Leadership Event
4 September	Black Country Integrated Care Board/NHSE Children and Young People Elective Recovery meeting
9 September	Black Country Provider Collaborative Extended Executive Meeting
9 September	Get it Right First Time Further Faster Senior Responsible Officer meeting
10 September	Regional Price-Cap Compliance Programme Senior Responsible Officer meeting
10 September	Black Country Integrated Care Board Chief Executive Officers meeting
11 September	Black Country Regional Performance Tier Call
12 September	Public and Private Dudley Group Board of Directors
16 September	Black Country Integrated Care System Cancer Board

16 September	Extraordinary Black Country Provider Collaborative Executive meeting
17 September	Dudley Group Executive Development Day
18 September	NHSE Tier 1: Cancer Call
18 September	Corporate Services Transformation Delivery Group
19 September	Black Country Elective and Diagnostic Strategic Board
19 September	Black Country Integrated Care Board Annual General Meeting
20 September	Meeting with Secretary of State for Health and Social Care
20 September	Black Country Provider Collaborative Clinical Improvement & Transformation RESET workshop
23 September	Dudley Group Audit Committee
24 September	Regional Access Board
25 September	NHSE Midlands NHS Leadership Meeting
26 September	Finance and Productivity Committee
26 September	Black Country Integrated Care Board
27 September	Royal Wolverhampton/Walsall Hospital Chief Executive Officer Interview Stakeholder Panel
30 September	Dudley Group NHS Charity Website and Mascot launch
30 September	Dudley Group/Summit Healthcare Board to Board
2 October	Dudley Group/Dudley Council Leaders meeting
7 October	Get it Right First Time Further Faster Senior Responsible Officer meeting
8 October	Black Country System Chief Executive Officer meeting
9 October	Black Country Regional Performance Tier call
10 October	Dudley Group Board of Directors Development workshop
10 October	Black Country Quarterly System review meeting
14 October	Further Faster 20 Introductory meeting
14 October	Targeted Health Lunch Check Launch
15 October	Black Country Integrated Care Board/Dudley Group Oversight and Assurance meeting
16 October	NHSE Tier 1 cancer call
17 October	Dudley Group Annual Members meeting
18 October	Black Country Provider Collaborative Joint Provider Committee
21 October	Black Country Provider Collaborative Corporate Services Transformation Engagement Workshop
22 October	Black Country System Chief Executive Officers meeting
23 October	NHSE Midlands Regional Director monthly update call
23 October	Black Country Regional Performance Tier call
23 October	Black Country Elective and Diagnostic Strategic Board
24 October	Remuneration and Nominations Committee
24 October	Black Country Financial Recovery System Oversight Group
24 October	Dudley Group Behind the Scenes members event
24 October	Black Country Freedom to Speak Up Conference
30 October	NHSE Tier 1 Cancer Call
31 October	Dudley Group Finance and Performance Committee

Black Country Integrated Care Board
Civic Centre
St Peters Square
Wolverhampton
West Midlands
WV1 1SH

Sent via Email

Ref: MA/MS/KM/MP/94DGFT

23 September 2024

Diane Wake
Chief Executive Officer
The Dudley Group NHS Foundation Trust

Dear Diane,

NHS Oversight Framework 2024/25 – Quarter 1 outcome

I write to you to confirm the approved Quarter 1 2024/25 segmentation for your organisation.

Quarter 1 Segmentation Review Outcome

The segmentation of both Integrated Care Boards (ICB) and NHS Provider organisations was reviewed and approved by the NHS England Midlands Regional Support Group (RSG) at its meeting on 25 July 2024. It was agreed that for Quarter 1, the ICB's recommendation to keep Dudley Group NHS Foundation Trust in segment 3 of the NHS Oversight Framework was supported.

The segmentation is based on a quantitative and qualitative assessment of the five national and one local priority themes contained within the NHS Oversight Framework. It was determined that there had been no material change compared to Quarter 4 2023/24, as such the segmentation of 3 was still valid.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework.



Quality of care, access and outcomes

The Trust continues to perform well against the range of oversight metrics with the majority in the top and interquartile range. The one area identified as a key concern was your deteriorating clostridium difficile infection rate which was in the bottom quartile and this situation was monitored via the System Cdiff Task & Finish Group.

Preventing Ill health and reducing inequalities

The Trust continues to be supportive and engaged in system wide initiatives to reduce ill health and address health inequalities at a local level and further improvements will be driven through the Dudley Health and Care Partnership in which you are playing a pivotal role. You have also shown good progress in reducing waiting times for elective, cancer and diagnostic waits which is supportive of improving this outcome.

Finance and use of resources

This is the key driver for the level 3 NHS Oversight Framework segmentation rating.

The Trust submitted a 2024/25 planned deficit of £32.6m as part of a system deficit of £119.2m (4.2% of ICB allocation) which does not meet the system revenue stretch target of £90m. As a result of this, the system and its constituent organisations has been placed in the Investigation and Intervention programme by NHS England.

At month 3, the Trust reported a YTD actual deficit of £9.8m, £0.3m favourable to plan. This was driven by; overachievement of income targets due to increased ERF income, offsetting a non-pay overspend because of an increased high-cost drugs cost.

At month 3 the Trust was reporting under delivery of £0.2m against its YTD efficiency programme, with £3.4m remaining unidentified and £14.4m categorised as high risk. Although broadly on track at m3, the Trust has a growing CIP challenge in future months due to the significant increases required in efficiencies during H2

Due to the scale of this financial challenge enforcement action has been taken by NHSE and the Trust is subject to legal undertakings.

People

Compared to your month 3 workforce plan you were 119 WTE above plan due to increased substantive and bank usage resulting in a 1.9% variance to plan. This was driven by increased activity and demand particularly during May and June. There are also further risks to this plan due to reduced turnover and increased retention, and impact of MMUH opening.



The response rate for the 2023 staff survey showed a 3% decline in the response rates and overall, the Trust remains at benchmark average performance across all themes and promises. You are clear that improvements for future will be focused around - we are safe and healthy, we have a voice, and we are compassionate and inclusive.

Joint workforce and finance meetings continue to take place with the BC ICB.

Leadership and capability

There are no material concerns or support needs identified currently for the trust system or governance. The Trust continues to show good engagement for development of the system, and active engagement in the collaborative.

2024/25 Quarter 2 segmentation timetable

NHSE have informed us that they are pausing any proactive reviews of segmentation for quarter 2 pending the implementation of the new NHS Oversight Framework expected in Autumn and therefore will not require submissions from ICBs.

Considering this decision the ICB has decided it will not undertake the formal Q2 reviews and self-assessments of providers but will continue with the scheduled Q2 meetings with all providers to ensure we continue monitoring progress against the segmentation drivers at a challenging time for our system. However, if there are any exceptional changes in circumstance, we will raise this with you and NHSE as appropriate.

Should you have any questions on any of the above, please do not hesitate to contact me or Martin Stevens (Martin.stevens@nhs.net).

Yours Sincerely



Mark Axcell
Chief Executive
Black Country Integrated Care Board

CC.
Rebecca Farmer, Director of System Coordination and Oversight (West Midlands), NHSE
Katrina Boffey, Deputy Director of Strategic Transformation, NHSE



Paper for submission to the Full Council of Governors on 19 December 2024

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

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

Summary report from the Board of Directors meeting held in November 2024 that had been held at the Black Country and Marches Institute of Technology highlighting items of assurance, concern, action or decision. Governors are invited to discuss matters further to establish any triangulation and assurance relating to:

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

All governors and members receive a direct invitation and are actively encouraged to attend the bi-monthly Board of Directors (public session) meetings. All governors receive the full meeting pack of documents which are also published on the Trust website [Board meetings - The Dudley Group NHS Foundation Trust \(dgft.nhs.uk\)](https://www.dgft.nhs.uk/Board-meetings).

2. Alignment to our Vision

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

3. Report journey

Council of Governors 19 December 2024

4. Recommendation(s)

The Council of Governors is asked to:

a) Note and discuss the matters included in this report

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: 14th November 2024

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • The Board noted the Month 6 Trust financial position. After technical changes the September cumulative position was a £1.490m deficit. The position was £3.322m better than the updated phased plan agreed by NHS England in September 2024. Noted financial challenges associated with 2024/25 and beyond. • Workforce KPIs overall positive with some remaining challenges with safeguarding and resus training noting that safeguarding adults Level 3 had now recovered to pre-review levels of compliance and work continues to reach target on the subject. • Ongoing challenges related to urgent and emergency care delivery. • Workforce reduction is not being achieved; the Trust was 301.65 wte adrift from plan. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, the impact of open surge beds and the total impact of ERF (using WLI information as a proxy) reduces the adverse WTE variance to 211.58. • Following digital maturity discussions, risk of potential cyberspace attacks to be monitored. • Equality, Diversity & Inclusion (EDI) – the experience of bullying and harassment from patients, managers, and colleagues was raised in the 2023 Staff Survey and remains an area of challenge but is a key focus area with actions already completed (the anti-racist statement, information gathering on bullying and harassment, behaviour framework) and commitment to further significant action. 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • The Finance & Productivity Committee commissioned a review of Whole Time Equivalent (WTE) staffing and revised productivity performance at the next meeting in order to consider a new strategic approach. • Dr Martin, Chief of Primary Care (formerly DIHC) presented an overview of the primary care services that had transferred to The Dudley Group and explored opportunities for development and growth. • The Board heard that work was progressing well to meet the requirements of the University Hospital application over a five year period noting the proposal to request a change to the Trust name to incorporate ‘university’
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Patient Story (November) - focused on the cancer treatment pathway experienced by a patient who attended in person to share their story of their diagnosis and successful treatment within an 18 week period. They had also pledged to donate proceeds from the sale of their book to the Trust charity. • The Board received key messages from the recent Black Country Provider Collaborative related to improvement and transformation 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • Approval of the winter plan caveated by recognising the challenging nature of the plan and efforts being made to mitigate them • Approved the proposed changes to the Trust’s Standing Financial Instruction (SFI’s) and Scheme of Delegation

projects, primary care strategy, urology cancer services transformation and the strategic and enabling priorities.

- Trust performance against national standards and local recovery plans performing well overall. Expectation to deliver all within required timeframes. Noting that Cancer service performance targets were achieved. Elective recovery was seeing progress with those waiting seeing a reduction.
- The combined medical director and chief nurse report set out the matters given as assurance and advisory notes on a range of topics including good compliance with the 3 year delivery plan for Maternity and Neonates, year six Maternity Incentive Scheme (MIS) was on track for completion ahead of sign off at Board in January 2025.
- The Board heard more about the Lessons learned from Nottingham mental health incidents were inconclusive, with further work required. However, some assurance received regarding strengthening understanding around Mental Health processes.
- The Integrated Quality and Operational Performance Report was presented and noted positive performance in a number of key areas notably ED 4 hr performance of 81.2% against target of 78% and clinical hub performance of 86% against a target of 70%
- The Board noted good assurance in respect of the Trusts activities linked to Learning from Deaths with a comprehensive report highlighting that both the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) were both within expected range attributed to significant quality improvement work undertaken.
- The Board reviewed the Annual Medical Revalidation NHS England return noting the good position and acknowledged the improvement actions for 2024/25

- 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 in a Community setting at the Black Country and Marches Institute of Technology was attended by Trust governors, foundation trust members and members of the public. Good debate related to the financial recovery challenges faced by the Trust and the System for 2024/25 and the years that follow.

Paper for submission to the Council of Governors on 19 December 2024

Report title:	Integrated Quality and Operational Performance Report.
Sponsoring executive:	Martina Morris – Chief Nurse / Julian Hobbs – Medical Director Karen Kelly – Chief Operating Officer
Report author:	Jo Wakeman – Deputy Chief Nurse Debbie Pook – Deputy Chief Operating Officer Jack Richards – Director of Operations - Surgery, Women and Children's Amandeep Tung-Nahal – Director of Operations - Community with Core Clinical Services Rory McMahon – Director of Operations - Medicine and Integrated Care

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

This report provides an integrated overview of key quality and operational metrics for the month of September 2024. Please see Appendices 1 and 2 for more details.

Assure
Quality and Safety - various

- All complaints were acknowledged within 3 days.
- 4963 Friends and Family Test (FFT) responses were received with 84% participants stating that our services were good/very good.

Urgent and Emergency Care

In September ED 4-hour performance was at 81.2% vs the national target of 78%.

ED have reconfigured the treatment areas following the floor works and ahead of the planned building works and now have a dedicated triage space and we are monitoring performance daily.

Cancer Performance

The 28 day Faster Diagnostic Standard (FDS) achieved 83.8% (August 24 validated) against the constitutional standard of 77%.

31-day combined decision to treat performance achieved 89.7% in August against the national target of 96%. This is mainly driven by surgical capacity.

Performance against the 62 Day combined target achieved 71.5% in August which is above the national target of 70%.

DM01 Performance

September's DM01 performance achieved 86.2%. Diagnostic wait trajectories for each modality have been submitted to ICB to deliver 95% NHSE target by end of March 2025.

Clinical Hub Performance

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

Black Country Pathology Service (BCPS)

E-requesting went live on the 07/08/2024. Based on initial response, compliance is forecasted to improve from 35% currently.

Cancer Outcomes & Service Dataset (COSD)

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

Elective Restoration & Recovery

We continue to perform well with Elective Restoration and Recovery. We are now focusing on patients at 65 weeks, we managed to clear September with 3 breaches and are on track to achieve in October. The most challenging specialties continue to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

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

The divisions are working hard on projects to improve productivity in order to increase the clearance rates further, this is already proving successful in Pain, Orthopaedics and General Surgery.

September RTT position 57.5% vs 92% national target, a continued improvement month on month.

Advise

Quality and Safety - various

- Achieving the target of 90% of complaints being responded to within 30 days remains challenging, with the latest compliance being 49.3%.
- The number of patient safety incidents reported has increased slightly and it is acknowledged that this may be monthly natural variation, but a plateauing of the previously noted downward trend may be emerging. The number of incidents reported to result in significant harm (moderate/severe/death) has remained low and consistent with previous reporting periods (natural variation applicable across the period).
- Mixed sex accommodation breaches increased due to further increased operational pressures across the organisation and demand for beds.
- Dementia screening compliance is currently at 69.22% and local engagement will be critical to drive improved compliance.
- There were 2 adult patients detained at the Trust under the Mental Health Act. One patient under a section 5(2) and one under a section 17 (admitted from a mental health unit). In terms of Children and Young People (CYP), 5 were detained under a section 136. From this number, 1 was transferred to Penn Hospital and the other 4 were assessed and discharged home.
- The Trust is more than 85% compliant against the majority of safeguarding training requirements except for adult safeguarding level 3 training compliance which is currently at 77%. However, the compliance continues to improve.
- Falls incident numbers remain similar to the previous months. Wards C5 and C6 had the highest rate of falls.
- There were 57 pressure ulcers reported for category 3,4 or unstageable, with 2 recorded as severe harm relating to two category 4 pressure ulcers. Adoption of the new pressure ulcer categorisations has been revoked nationally however there remains support to move from Waterlow scoring over to Purpose T.

- The 2024/25 Infection Prevention and Control Thresholds have now been set for each Trust. Pseudomonas aeruginosa BSI threshold has been set at 12 cases and the Trust has already reached this threshold. However, 5 reported cases relate to the same patient. No specific themes have been identified and ongoing focus on ensuring learning from individual cases remains.
- Stroke data is compliant in all areas except high-risk Transient Ischaemic Attack (TIA). However, this data is currently unvalidated.
- There has been an increase in treatment escalation and resuscitation plan being documented, with 79% containing DNACRP decisions (33% of patients), which correlates with a reduction in cardiac arrests.
- Sepsis screening and administration of antibiotics within the hour was at 67% in ED and 69% within the general wards. A variety of triggers within EPR are available to support our teams with providing timely treatment.
- The compliance for observations (vital signs) on time demonstrates an improvement with 52.93% of all vital signs recorded in the past 4 weeks, and a further 9.46% of the 4 hourly vital signs being recorded within 15 minutes of the target time. Focusing on breaking down some historical practices and ensuring regular checking are some of the key interventions in driving improvements.
- In terms of VTE assessments, the previously reported cases of possible harm following a delay in assessment will be reviewed as part of reporting to the Risk and Assurance group in November 2024.
- Ward B6 has won the Ward of the Year award for GSF accreditation across England, Wales and Scotland.

ED Triage

September's Overall Triage position 75% vs 95% national target.

Arrivals via ambulances and front triages were high limiting the front triage performance, along with high acuity of patients.

Ambulance Handover

This month's activity saw 9,195 attendances. This has decreased when compared to the previous month of August with 8,663. 19 out of the 30 days saw >300 patients.

2934 patients arrived by ambulance; this shows a decrease from the 3187 ambulances that attended last month.

257 of these offloads took <1hr (9%). This shows an improvement when compared with last month's performance of 3%.

Over the month, the average length of stay (LOS) in ED was 211 mins for non-admitted patients and 426 mins for those waiting for a bed following a decision to admit. This is a 13% (57 minute) increase in waiting time for patients to be admitted compared to last month at 369 minutes.

Cancer (Data to August)

Since October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31-day combined decision to treat, and 62 days combined referral to treatment. NHSE have revised the new March 2025 targets for the 28-day FDS and 62-day to change to 77% and 70% respectively.

31-day combined decision to treat performance achieved 89.7% in August against the national target of 96%. This is mainly driven by surgical capacity.

31 day combined & 62 combined actions

- Prostate: CNS is leading straight to test pathway for suitable patients and co-ordinated by care navigator. Trial has now started. LAMP training in progress with plans for an extra nurse to commence training.
- Head and Neck: demand and capacity review commenced with RWT.
- Gynae: unable to recruit to hysteroscopy nurse. Extra capacity has reduced first appointment waiting times.
- CDC Dermoscopy service continues for suspected cancer patients. Patients receive imaging in the community setting to support robust triage of referrals to ensure that we rapid access capacity is utilised appropriately.

There is robust monitoring of patients over 104 days, reported externally for any potential harm reviews.

DM01

September's DM01 performance achieved 86.2% and is below trajectory.

CT, Dexa, Echo and Endoscopy are all performing above 90%.

Sleep Studies, Audiology and NOUS are most challenged areas. MRI has recently seen an increase in waits over 6 weeks.

Sleep studies performance is 53.5% in September. Due to change in NICCE guidance, demand now considerably outweighs capacity. Recovery plan to improve sleep studies using bank shifts impacted by low staff uptake. Respiratory CDC from January 2025 in development and recruitment underway.

Audiology has improved from 65.96% to 73.59% in September. 2 vacancies filled in August and staff now in post. Both staff are new/recent graduates and require training before they can see patients autonomously. Plan to recover in December 2024.

NOUS in September is 86.2% and is impacted by ENT specialist scans. Additional provision sourced with plan to achieve 90% revised to November. System mutual aid is provided to SWBH (600 slots a month).

MRI is 88.06% in September. Long waits primarily for cardiac patients. System mutual aid requested. Recent offer from RWT in progress with planned start date in November (tbc).

13 week diagnostic breaches monitored weekly by NHSE. DM01 for September shows 132 patients waiting over 13 weeks. This is a reduction compared to 151 in August. Of the 132 patients, longest waits are MRI (56 breaches) and NOUS (64 breaches).

Elective Restoration & Recovery

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

Elective Recovery Programme – NHSE Midlands 13.09.24

Black Country ICB Performance Summary – Completed Pathways to 08.09.24

Elective Recovery | Performance Summary

Region	Value Weighted Activity	Completed Pathways
	04-Aug-24	08-Sep-24
MIDLANDS	110.0% ▲	124.7% ▼
BIRMINGHAM AND SOLIHULL ICB	28.7% ▼	137.3% ▲
BLACK COUNTRY ICB	24.8% ▼	121.2% ▲
COVENTRY AND WARWICKSHIRE ICB	24.7% ▼	109.5% ▲
DERBY AND DERBYSHIRE ICB	29.0% ▼	112.4% ▼
HEREFORDSHIRE AND WORCESTERSHIRE ICB	32.1% ▼	140.4% ▼
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	22.2% ▼	113.7% ▼
LINCOLNSHIRE ICB	20.8% ▼	108.8% ▼
NORTHAMPTONSHIRE ICB	31.1% ▼	144.8% ▼
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	30.9% ▼	117.8% ▲
SHROPSHIRE, TELFORD AND WREKIN ICB	5.9% ▼	203.2% ▲
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	28.4% ▼	101.3% ▼

Activity Metrics

Region	RTT	Cancer Activity	FDS	DM01
	Latest Published Data July 24			
MIDLANDS	57.1% ▲	63.2% ▲	63.2% ▼	24.9% ▲
BIRMINGHAM AND SOLIHULL ICB	48.1% ▼	57.2% ▲	57.2% ▼	21.7% ▼
BLACK COUNTRY ICB	51.0% ▼	64.4% ▲	64.4% ▼	16.1% ▼
COVENTRY AND WARWICKSHIRE ICB	53.0% ▼	81.0% ▲	81.0% ▼	17.4% ▲
DERBY AND DERBYSHIRE ICB	54.4% ▼	70.3% ▲	70.3% ▼	27.8% ▲
HEREFORDSHIRE AND WORCESTERSHIRE ICB	47.0% ▼	86.1% ▲	86.1% ▼	29.5% ▼
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	54.0% ▼	55.5% ▼	55.5% ▼	23.7% ▲
LINCOLNSHIRE ICB	63.4% ▲	64.1% ▼	64.1% ▼	30.3% ▲
NORTHAMPTONSHIRE ICB	81.0% ▼	68.0% ▲	68.0% ▼	13.3% ▲
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	58.0% ▲	84.6% ▲	84.6% ▼	28.0% ▼
SHROPSHIRE, TELFORD AND WREKIN ICB	50.1% ▼	54.4% ▲	54.4% ▼	36.1% ▲
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	57.0% ▲	63.4% ▲	63.4% ▼	31.5% ▲

Published Performance Figures

Region	104+	78w+	65w+	>62ww Cohort (Sep 2024 65ww)	52w+	Total List	<18ww performance
	w= 08 Sep 24 (un-published)						
MIDLANDS	16	233	5,939	10,086	48,281	1,283,662	54.4%
BIRMINGHAM AND SOLIHULL ICB	0	2	147	628	7,235	157,104	50.5%
BLACK COUNTRY ICB	5	19	770	1,333	7,437	243,422	54.9%
COVENTRY AND WARWICKSHIRE ICB	1	18	539	925	5,180	134,465	58.8%
DERBY AND DERBYSHIRE ICB	3	45	858	1,309	5,008	139,171	52.4%
HEREFORDSHIRE AND WORCESTERSHIRE ICB	0	16	422	639	3,004	85,511	53.5%
LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	4	11	213	398	2,381	112,198	54.7%
LINCOLNSHIRE ICB	0	11	572	937	3,541	72,209	49.0%
NORTHAMPTONSHIRE ICB	0	2	133	222	1,487	70,613	64.3%
NOTTINGHAM AND NOTTINGHAMSHIRE ICB	0	4	583	1,073	4,373	129,016	58.7%
SHROPSHIRE, TELFORD AND WREKIN ICB	0	82	1,116	1,683	4,819	65,355	48.2%
STAFFORDSHIRE AND STOKE-ON-TRENT ICB	3	23	580	879	3,258	74,600	53.9%

Waiting List Metrics

Elective Recovery | Recovery and Performance

Source: Faster SUS / RTT Monthly / WLMDS / Weekly Cancer PTL

3

*VWA is calculated using the new methodology in place for 2023/24. Weekly data excluded Outpatient Follow Up activity.

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

Alert

- No points to escalate/alert pertaining to the reporting period.

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	

3. Report journey

Quality Committee – October 2024.
Public Trust Board – 14 November 2024
Full Council of Governors Meeting – 19 December 2024

4. Recommendation(s)

The Council of Governors is asked to:
a) Note and discuss the contents of this report.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0		Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0		Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond

Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0		Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0		Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

Paper for submission to the Full Council of Governors on 19 December 2024

Report title:	Remuneration and Appointments Committee report to full Council - Extension to Chairs term of office - Non-executive director additional responsibility uplift
Sponsoring executive:	Gary Crowe, Deputy Chair Catherine Holland, Senior Independent Non-executive Director
Report author:	Helen Board, Board Secretary

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

Extension to Chairs term of office

In September 2024, the Full Council agreed to endorse the recommendation of the Committee to pursue the reappointment of Sir David Nicholson as shared chair.

The Committee noted that Sir David Nicholson’s career in NHS management had spanned more than 40 years and included the most senior posts in the service. He was chief executive of the NHS for seven years from 2006-2013 and then, following a major national restructure, became the first chief executive of the organisation now known as NHS England from 2013-2014.

This year’s annual appraisal for Sir David Nicholson, chairman, was carried out by Catherine Holland, the Senior Independent Director. The framework for the appraisal followed that issued by NHSE and covered the period from September 2024 to August 2024 with a highlighted area of strength commenting that he was a ‘successful and proactive Chair, who is responsive to issues from NEDs and had continued to build a strong Board’. Output concluded that the future focus for Sir David Nicholson would be:

- To continue leading collaboratively across the four trusts and the wider system.
- To maintain focus on culture and performance as key priorities.

The process for reappointment of the chairman of Sandwell and West Birmingham Hospitals NHS Trust, the Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust is overseen and approved by NHS England who had invited Sir David Nicholson to serve a further term of office as Chair of all three Trusts and bring all into line ending on 31 March 2027.

The Dudley Group is an NHS foundation Trust and the reappointment of Sir David Nicholson as Chair of the Trust is for approval by the full Council of Governors.

The Committee agreed to circulate a request electronically to the Full Council of Governors to endorse the reappointment of Sir David Nicholson as Chair of The Dudley Group NHS Foundation Trust for a term to run co-terminus with that of his shared chair arrangements ending on 31 March 2027.

The endorsement required a simple majority which was achieved and is to be recorded in the minutes of the Full Council of Governors meeting on the 19th December 2024.

Non-executive Director - additional responsibility uplift

The Committee acknowledged that having explored and established the proposed local arrangements, there was agreement to recommend to the full council for approval to proceed with the following:

An uplift of £2k should be applied to all NEDs who were chairs of Board Committees and where any non-executive director already in receipt of an uplift, e.g., Senior Independent Director and audit chair, would not be eligible for a further uplift. This would apply as follows:

Board Committees

Finance & Productivity Committee
 Quality Committee
 Integration Committee
 Audit Committee – uplift already applied
 People Committee – chaired by SID

The uplift would be backdated to April 2024.

The committee agreed to review the remuneration for all other non-executive directors in April 2025 with due consideration to any updated national guidance that may be issued at that time.

2. Alignment to our Vision

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

3. Report journey

Remuneration & Appointments Committee 28th November 2024
 Council of Governors 19th December 2024

4. Recommendations

The Council of Governors is asked to:

- a) **Note** the Chairs reappointment until March 2027 endorsed by a simple majority of governors
- b) **Approve** the recommendation of the Remuneration & Appointments Committee to an uplift of £2000 to non-executive director remuneration based on additional committee chairing responsibilities backdated to April 2024

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Paper for submission to the Council of Governors on 19 December 2024

Report title:	Strategy & Annual Plan progress report – Q2 2024/25
Sponsoring executive:	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
Report author:	Ian Chadwell, Deputy Director of Strategy

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

Assure

- Mortality performance continues to be good.
- Continued reduction in DNA rate for outpatients and theatre utilisation above England average.
- Vacancy rate remains below the target of 7% with the rate for nursing and midwifery now standing at just 3%.
- Financial plan delivered at month 6 with variance £3.2m better than plan.
- 'ICan' programme to support local employment on course to achieve target.

Advise

Trust had not eliminated all 65+ week waiters by the end of September with four patients showing at the end of the month. This target will be achieved from October onwards.
First scans as part of the Targeted Lung Health Check programme in Dudley started in August.

Alert

Number of complaints and response times are not reducing as originally planned.
Planned reduction in bank usage has not been delivered, in part due to the continued use of surge areas and waiting list initiatives to deliver elective targets.
The cost improvement programme is forecast not to meet its target at year end largely due to the risks associated with delivering a reduction in substantive workforce and divisions are being asked to mitigate this risk.

This summary report is supported by additional information available in the reading pack.

2. Alignment to our Vision

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

3. Report journey

Executive Directors – 15 October 2024
Relevant sections to all four committees – 29, 30, 31 October 2024
Public Trust Board – 14 November 2024
Full Council of Governors Meeting – 19 December 2024

4. Recommendation(s)
The Council of Governors is asked to:
a) To note the strategy progress report for Q2 2024/25

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

STRATEGY PROGRESS REPORT – Q2 2024/25

Report to Board of Directors on 14th November 2024

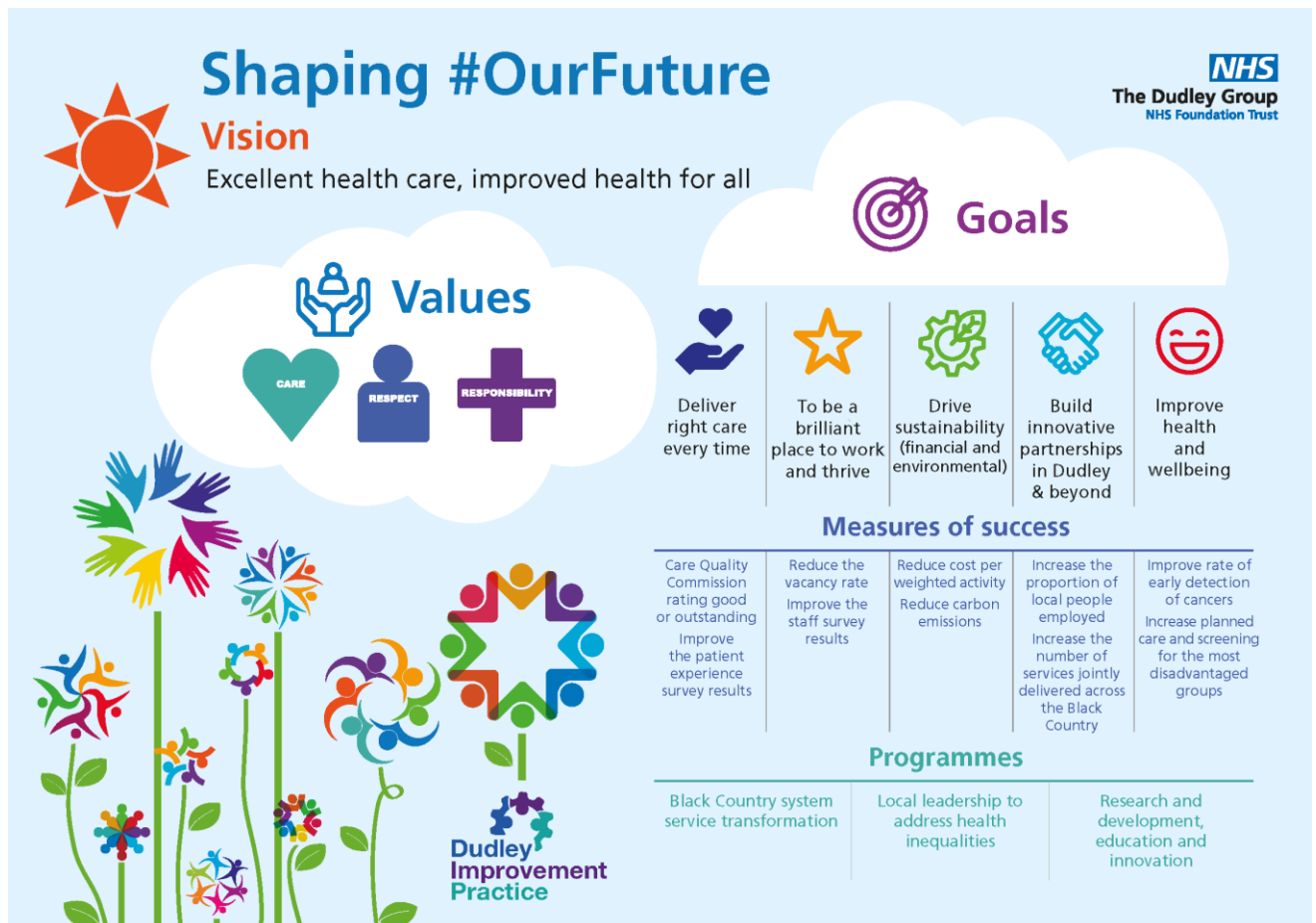
EXECUTIVE SUMMARY

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

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

Progress to highlight from quarter 2 2024/25

- Mortality performance continues to be good.
- Continued reduction in DNA rate for outpatients and theatre utilisation above England average.
- Vacancy rate remains below the target of 7% with the rate for nursing and midwifery now standing at just 3%.
- Financial plan delivered at month 6 with variance £3.2m better than plan.
- 'ICan' programme to support local employment on target to achieve target.
- Trust had not eliminated all 65+ week waiters by the end of September with four patients showing at the end of the month. This target will be achieved from October onwards.
- First scans as part of the Targeted Lung Health Check programme in Dudley started in August.
- Number of complaints and response times are not reducing as originally planned.
- Planned reduction in bank usage has not been delivered, in part due to the continued use of surge areas and waiting list initiatives to deliver elective targets.
- The cost improvement programme is forecast not to meet its target at year end largely due to the risks associated with delivering a reduction in substantive workforce and divisions are being asked to mitigate the substantive risk.

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

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 Q2 2024/25.

Ian Chadwell
Deputy Director of Strategy
4th November 2024

APPENDICES:

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

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

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

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

A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)	Green	Yellow
Improve discharge processes	Yellow	Yellow
Improve health and wellbeing		
Measures of success		
Improve rate of early detection of cancers (75% of cancers diagnosed at stages I,II by 2028)	Yellow	Yellow
Increase planned care and screening from disadvantaged groups	Yellow	Yellow
Objectives from the annual plan		
Achieve acceptable coverage for breast screening (70%) and work towards achievable level (80%)	Green	Green

ACCESSIBILITY COMPLIANT

Appendix 2

Strategic Planning Framework 2024/25

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

Paper for submission to the Full Council of Governors on 19 December 2024

Report title:	Update from the Experience & Engagement Committee Meeting held 26 th November 2024
Sponsoring executive:	Helen Board – Board Secretary
Report author:	Natalia Hill – Deputy Chair of Experience and Engagement Committee Madhuri Mascarenhas – Governance Administration Lead

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

Assure

- The Foundation Trust’s public membership numbers remain steady at around 13,000. Governors are encouraged to engage in their own initiatives and Trust-led activities to raise awareness of the governor’s role and promote membership with full support, as required, from the Foundation Trust Office.
- Good assurance was received from the Quality Committee and the Quality Priorities update.

Advise

- A Task and Finish Group met on 11th November 2024 to review the feedback from the Council of Governors Effectiveness Review Survey and drafted the guidelines for the Governors’ Commitment Pledge, which would be endorsed at the next Full Council of Governors meeting.
- A suggestion to create a men’s network to address mental health and other issues will be recommended at the next Equality, Diversity and Inclusion Steering Group Meeting by Governor Yvonne Peers.

Alert

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

2. Alignment to our Vision

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

3. Report journey

Full Council of Governors Meeting – 19th December 2024

4. Recommendation(s)

The Council of Governors is asked to:

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

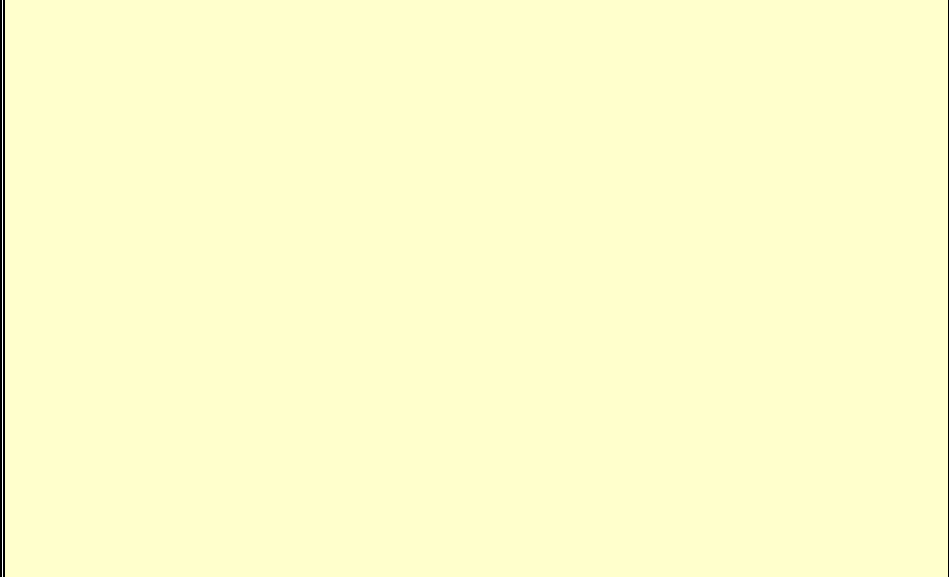
5. Impact

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

CHAIRS LOG Upward Assurance Report from the Experience & Engagement Committee
Date Committee last met: 26 November 2024

<p align="center">MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p>	<p align="center">ACTIONS COMMISSIONED/WORK UNDERWAY</p>
<ul style="list-style-type: none"> • An area of concern highlighted in the Quality Committee report was: <ul style="list-style-type: none"> ○ Loss of Children and Adolescent Mental Health Services (CAMHS) funding, which had been added to the risk register as a high risk, with mitigations in place to ensure children are not left without any support. • The Trust remains compliant with its terms of license in respect of its public membership and is well represented by age, constituency, and gender. The public membership figure in the second quarter for 2024-25 was 13,259, a decrease of 47 members from the last quarter. • Governors are asked to actively participate in Trust facilitated activities and identify opportunities within their constituencies. 	<ul style="list-style-type: none"> • Governor Craig Nevin suggested creating a men’s network to address mental health and other issues. Yvonne Peers will forward this recommendation at the next Equality, Diversity and Inclusion Steering Group Meeting. • Governors were informed and invited to participate in a clinical accreditation programme, which will be rolled out in February 2025. • Governor Craig Nevin would coordinate the logistics and date for the Targeted Lung Health Programme vehicle at Dudley Council Lister Road Depot.
<p align="center">POSITIVE ASSURANCES TO PROVIDE</p>	<p align="center">DECISIONS MADE</p>
<ul style="list-style-type: none"> • Positive assurances received from the Quality Committee were: <ul style="list-style-type: none"> ○ Compliance with the 3-year service delivery plan for Maternity and Neonates, Maternity Incentive Scheme (MIS) compliance and learning from peer reviews. ○ The Trust received recognition as a national exemplar for its work on the Gold Standards Framework for end-of-life care, a significant achievement as many trusts had not reached this level. • Following positive assurance received from the Quality Priorities update: <ul style="list-style-type: none"> ○ Significant progress in patient safety priority particularly in the management of diabetes. 	<ul style="list-style-type: none"> • A Task and Finish Group met on 11th November 2024 to review the feedback from the Council of Governors Effectiveness Review Survey and drafted the guidelines for the Governors’ Commitment Pledge which would be endorsed at the next Full Council of Governors meeting.

- Improvements in stroke care, with the Trust's performance now below the national average for stroke mortality.
- The complaint backlog had been significantly reduced from nearly 200 at the start of the year to 18, with all complaints being answered within three days.
- An admiral nurse was appointed for dementia care.
- Calm bags had been introduced for patients with learning disabilities to help them cope with the noisy and confusing clinical environment.
- Yvonne Peers updated on the positive assurance received at the Equality, Diversity and Inclusion Steering Group meetings. All networks were operating successfully, with effective communication channels in place.
- Governor attendance at Committees of Board continued and provided opportunities for governors to draw assurance from the work undertaken and noted the proactive nature of committee business.



Chair's comments on the effectiveness of the meeting: Good attendance and positive discussions, Papers received in a timely manner with good and clear information.

**Paper for submission to the Council of Governors on
19th December 2024**

Report Title:	University Hospital Trust Application Update
Sponsoring Executive:	Dr Julian Hobbs, Medical Director
Report Authors:	Claire Phillips, Head of Research & Innovation Dr Gail Parsons, Director of Research & Innovation

Summary of key issues using Assure, Advise and Alert

Background

The Council of Governors has previously been briefed that the Trust is seeking University Hospital Status.

Achieving University Hospital Status (UHS) and becoming a member of the UHS Association is awarded to those organisations which promote a culture of excellence in medical education and provide high quality clinical training (UHS, 2019). A research culture is also fundamental, thus increasing recruitment and retaining the best staff through the provision of opportunities for career development. Research opportunities for patients are also known to provide better outcomes (DHSC, 2021).

The Council of Governors is asked to approve to amend the Trust’s Constitution to give effect to becoming a University NHS Foundation Trust:

That section 1 of the Trust’s Constitution and all other appropriate references, subject to the outcome of the consultation, legal advice and NHS approvals, be amended by deletion of the current name and replaced with an updated name that indicate the ‘University Hospital’ status.

Work is progressing well to meet the requirements of University Hospital application, over a 5 year period. A 5 year trajectory plan has been developed for Research & Innovation (with Education to be added). This plan can be shared once completed in full.

A letter to formally request a change to the Trust name to incorporate ‘university’ has been processed ready for submission. The 5 year plan will continue in parallel to meet the UHS application requirements.

Further support is required from the Trust to increase clinical academic posts, to enable grant applications to increase. This would have a positive impact on several of the UHS criteria required for successful application.

2. Alignment to our Vision

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

3. Report journey		
Integration Committee 18/12/2024		
Council of Governors 19/12/2024		

4. Recommendations		
The Full Council of Governors is asked to:		
A) Note the progress and continued work demonstrated in the Research & Innovation Trajectory Report to implement the Trust's strategic plan to achieve University Hospital Status.		
B) Approve an amendment the Trust's Constitution to give effect to becoming a University NHS Foundation Trust		

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

10th December 2024

Progress Report: Working towards University Hospital Status

Background

Achieving University Hospital Status (UHS) and becoming a member of the UHS Association is awarded to those organisations which promote a culture of excellence in medical education and provide high quality clinical training (UHS, 2019). A research culture is also fundamental, thus increasing recruitment and retaining the best staff through the provision of opportunities for career development. Research opportunities for patients are also known to provide better outcomes (DHSC, 2021).

Introduction

The multidisciplinary working group chaired by Dr Julian Hobbs MD and Professor Liz Hughes meet monthly with an agenda incorporating previous work achieved against the criteria required to achieve university hospital status (UHS). Professor Anthony Hilton provides representation on behalf of Aston University. In addition, there is patient public involvement representation within the group. The fundamental areas required to demonstrate evidence in support of specific criteria are Research, Education, and Innovation. The primary collaborating university is Aston University. Each department head (research, innovation, medical and non-medical education) present feedback against the criteria, identifying work in progress and work achieved.

The plan to obtain UHS has been revised to apply for the name change to University NHS trust initially, followed by continuation of the work to meet the UHS application criteria within 5 years. Letter requesting the Trust name change has been processed and ready for submission.

Criteria

The criteria with achievements and items in progress (Table at end of this report summary).

Current Activities

Research

Black Country Research Showcase Event held in November 2024, The Hawthorns Stadium, West Bromwich was successful with 93 attendees. All Black Country Trusts and ICB contributed.

Mentorship Support Programme, Vascular Surgery Funding Application – pending outcome

NIHR Capital Funding Bid – successful, pending NIHR announcement and approval of Trust Business plan to accept the funding

Stoma Project, Phase 1 audit/proof of concept – commercial funding acquired. Audit commenced.

Video showcase of researchers and educators now completed. Final editing in progress.

Timeline to Achieving Success

Our five-year trajectory for Research and Innovation has been completed and reviewed by Medical Director. Education criteria to be added to trajectory. The plan prioritises:

- Securing and supporting clinical academic contracts (to increase academic research and funding applications)
- Increasing research capability funding (RCF) (successful grant applications 250k over 2 consecutive years required).
- Research excellence framework (REF). All research to be REF returnable

References

Department of Health and Social Care (DHSC) (2021) Saving and Improving Lives: The future of UK Clinical Research Delivery. <https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery> Accessed 12/9/2024.

University Hospital Status (2019) Defining University Hospitals. www.universityhospitals.org.uk. Accessed 12/9/2024.

UNIVERSITY HOSPITAL STATUS - CRITERIA AND ACTIONS LOG Report Update 11.12.24

Criteria	Current Status	Action required	Owner	Target date
Research				
The Trust shall have in place with the University a Memorandum of Understanding (MOU) on Joint Working for Effective Research Governance; it will actively investigate joint Research Offices to foster more efficient working.	MoU completed. Joint appointments to be confirmed.	Actively explore joint appointments	Gail Parsons Mike Wall Claire Phillips	Complete
The Trust shall demonstrate that it is working collaboratively with the faculty to develop agreed joint research strategy;	Research and Innovation strategy completed.	Regular meetings/project work	Gail Parsons Claire Phillips	Complete
There shall be evidence of significant research activity within the Trust, much of which will involve collaboration with university staff.				
A core number (20) of university principal investigators. There must be a minimum of twenty consultant staff with substantive contracts of employment with the university with a medical or dental school which provides a non-executive director to the Trust Board. These individuals must have an honorary contract with the Trust in question.	This now refers to university staff working in the Trust. We currently have Professors in Gastroenterology, Neurology and Vascular but others referenced R&D Strategy have retired/moved. It is possible to hold honorary contract with more than 1 university. 30+ consultants hold honorary lecturer position with U of B. The key is to attract people with academic interests when making appointments	1 current University PI (with UoB) Continue to identify individuals wishing to formalise collaborative work.	Gail Parsons Mike Wall Claire Phillips	Ongoing 5 year trajectory completed for Research & Innovation (education to be added) to achieve criteria. Individuals Identified for years 1-3.
The research output to be Research Excellence Framework (REF) returnable;	Framework available	Framework assessment	Gail Parsons Mike Wall Claire Phillips	Ongoing 5 year trajectory in place, with

				key criteria to be met
For Trusts in England, an average Research Capability Funding allocation of at least £200k average p.a. over the previous two years	Trust currently receives the minimum £25k funding. Method of funding allocation may change in the future. Successful applications to NIHR programme grants are required to increase this funding	To increase this we would need to support joint clinical academic researchers Successful applications to NIHR programme grants are required to increase this funding	Gail Parsons Mike Wall	Ongoing 5 year trajectory in place, with key criteria to be met
The Faculty and University Hospital shall maintain strategic links and a close working relationship, which shall include:				
University representation on the Trust's Local Awards Committee for considering nominations for Clinical Excellence Awards;	Professor Anthony Hilton	NA	Awards not applicable currently	NA
University representation on the Trust's Advisory Appointments Committees for Consultant posts.	Professor Anthony Hilton			Complete
Board membership of a non-Executive Director from the Faculty;	Trust Chair and Non-Exec Director are on Faculty of Aston University. Professor Anthony Hilton, Non Exec Director.			Complete
The Trust's Chief Executive attending formal meetings with the Faculty Dean's Advisory Committee.	Diane Wake is on Aston University Faculty Committee			Complete

The Trust shall provide for the University practice placements for undergraduate medical students and for students from at least one other healthcare profession				
Undergraduate Medical Students	100-120 students from University of Birmingham undertake placements and 10 students from St Georges (Grenada)		Atiq Rehman	Complete
Dental Students	Max 9 students from UoB (3 week placement)		Atiq Rehman	Complete
Physician Associate	Max 18 students from UoB (pre-COVID) circulate between general medicine, surgery, paediatrics, Emergency Department and acute medicine.		Atiq Rehman/Suni undergrad centre	Complete
Nursing Students	114.14 FTE students from Universities of Birmingham, Wolverhampton, Worcester and Birmingham City University undertake placements		Michelle Derry	Complete
Midwifery	22 FTE students from Coventry, Wolverhampton, Worcester and Birmingham City University		Michelle Derry	Complete
Therapy Students (Physio)	6.63 + 8 FTE students from Coventry, Birmingham and Worcester undertake placements		Acute - Maria Dance; MSK- Laura Grady; Rehab - Frances Pons; IC - Katherine Attwood	Complete
OT	7.27 FTE students from Coventry University undertake placements		As above	Complete

SALT	1.33 FTE from Birmingham City undertake placements		Acute- Helen Gough; Community- Frances Pons	Complete
Dietetics	1.89 FTE students from Coventry undertake placements		Ann Marsh	Complete
Podiatry	0.01 FTE from Wolverhampton 0.02		Maria Mateunas	Complete
Orthoptists	Sheffield, Liverpool		Claire Smith	Complete
Paramedics	0.7 FTE undertake 2 week placements		Michelle Derry	Complete
Radiographer (Diagnostic)	7.39 FTE students from Birmingham City University		Deb Lowe	Complete
Sonographer			Suzy Schlanker	
ODP	13.79 FTE students from Birmingham City and Coventry Universities		Phil Clark	Complete
Pharmacy	Students from Keele University and Aston		Ruckie Kahlon	Complete

The Trust shall provide for undergraduate student's appropriate library facilities, IT facilities with Internet access, and teaching facilities. There may be integrated provision for postgraduate and undergraduate education.				
Library and IT facilities	Undergraduate students can access the library series and facilities whilst on placement (borrowing books, document supply, enquiry service, study areas, PC access. Currently 38 study spaces including 12 PCs Available on 24/7 swipe access.	Further work to support the library service, including investment, may be required should the Trust wish to pursue university hospital status	Alison Huggan	Ongoing
Teaching facilities	Undergraduate Centre has three air conditioned seminar rooms equipped with touch screen audio-visual technology and examination couches, IT room with internet access, Common room with TV, microwave & tea / coffee making facilities. Plus 2 small teaching rooms. Internet access is available throughout the Undergraduate Centre.		Kate Holmes	Complete
	Clinical Education Centre has a Lecture Theatre and 12 rooms with varying capacity. Audio visual equipment is available in each room. Both the Postgraduate and Undergraduate Facilities are currently in the process of being upgraded with webcams and microphones. The Clinical Education Centre is available to be booked for Undergraduate Teaching purposes.		Kate Holmes	Complete

	<p>The Trust has a multi-disciplinary Simulation Centre and team, with a range of manikins for all scenarios, that are used in the training of our Medical Students. This is situated near the Undergraduate Centre. The Trust has a Clinical Skills Lab, situated within the Postgraduate Centre and is a multidisciplinary training facility. Medical student programmes include both Simulation and Clinical Skills training in order to meet each year group's curriculum requirements and training outcomes.</p>		Kate Holmes	Complete
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The Trust shall have a Lead Placement Contact approved by the Faculty of Medicine, to be responsible for undergraduate education, for each of the professions for which it provides placements.				
Medical	Atiq Rehman is Head of Medical Education (undergrad and PG), Kate Holmes, Medical Education Manager, Barbara White is Medical Education Programmes Manager		Atiq Rehman	complete
Non-medical	Philippa Brazier is the Non-Medical Education and Training Lead covering nursing and Jenny Glyn covers AHP placements		Philippa Brazier / Jenny Glyn	complete

The Trust must be able to demonstrate to the University that it provides high quality clinical training. This will require evidence of the following:				
Flexibility in light of any changing needs of the faculty in respect of undergraduate education;	Changes are implemented, where appropriate, following any monitoring visits and feedback from students		Kate Holmes / Barbara White	Ongoing
Ability on part of Trust staff to deliver the curriculum and assessments determined by the faculty;	Undergraduate Co-ordinators work closely with the Head of Academy, Senior Academy Tutors, Clinical Skills, Media Team, Simulation Team and Clinical Teaching Fellows to ensure the specified curriculum and assessments can be delivered.		Kate Holmes / Barbara White	Ongoing
Provision by Trust staff of appropriate student supervision as agreed with the faculty. This may involve staff from a range of professions and grades;	Support and supervision provided by Senior Academy Tutors, Senior Academy Teachers, Clinical Teaching Fellows, Simulation staff, Clinical Skills staff, Undergraduate Co-ordinators and Head of Academy.		Kate Holmes / Barbara White	Ongoing
The participation by core Trust teaching staff in appropriate training;	Clinical Skills staff, Simulation Staff, Senior Academy Tutors and Clinical Teaching Fellows regularly participate to provide appropriate training.		Kate Holmes / Barbara White	Ongoing
The availability of Trust staff to provide teaching and supervision and to respond to student queries and problems in a timely manner;	Academy members are allocated dedicated time in their job plans to provide teaching and supervision. Undergraduate Co-ordinators respond to student queries or direct students to other staff groups, where needed.		Kate Holmes / Barbara White	Ongoing

Collaboration between Trust staff and University staff, for example, regarding curriculum development and ED&I arrangements;	There is a Curriculum Board at the University and any relevant information with regards to curriculum development will be discussed at the Heads of Academy Meetings and, where appropriate, at our local Clinical Teaching Academy Committee Meetings, held each month.		Kate Holmes / Barbara White	Ongoing
Full cooperation by Trust staff in monitoring and evaluating the quality of education provision, and in facilitating student evaluation.	There is regular Quality Assurance for which we are fully co-operative.		Kate Holmes / Barbara White	Ongoing
The readiness of Trust staff to respond to feedback from students and the faculty;	Results from QA visits and feedback for each block of placements is reviewed and action plans put in place where appropriate.		Kate Holmes / Barbara White	Ongoing
Evidence of action by trust on quality assurance measures.	QA monitoring visit. Actions from the report communicated to the QA team.		Kate Holmes / Barbara White	Ongoing
Provision of appropriate support staff, equipment and accommodation for Lead Placement Contracts.	Large Academy team along with dedicated IT and teaching facilities.		Kate Holmes / Barbara White	Ongoing
Provision for students of access to lockers and appropriate facilities;	Lockers provided, Common Room with tea/coffee making facilities, Coffee Shop and Restaurant within the hospital are available to all students.		Kate Holmes / Barbara White	Complete
Evidence of compliance with HEE's Education Contract and the schedule on the Tri-Partite Agreement.	All dealt with under the LDA through WMHEE		Kate Holmes / Barbara White	Complete

Paper for submission to Council of Governors on 19th December 2024

Report title:	Contract Award - External Audit Services
Sponsoring executive:	Chris Walker - Interim Director of Finance
Report author:	Kirk Johnson - Senior Contract Manager – Corporate

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

Assure

A fully compliant tender process has taken place to ensure the right External Audit Provider is to be appointed.

Advise

The Trust appoints an External Auditor to provide a statutory service as part of the process of accountability for public money, with auditors giving an independent opinion on the Trust's financial statements and ensuring proper conduct of the Trusts financial affairs.

A Tender process has been undertaken to appoint an External Auditor for a period of 5 years, with the current Grant Thornton UK LLP contract due to expire on 31st March 2025. This report outlines the bids received and recommends a contractor to award the tender to.

The recommendation is that the Trust award the External Audit contract to Grant Thornton UK LLP. The supplier was the only provider to respond to the Tender published, however did provide excellent assurance of their continued ability to deliver the provision to a high standard when assessed. The assessment was undertaken with procurement support and governor, non-executive and director participation.

Alert

The External Audit market has diminished significantly in the last few years with many suppliers no longer willing to bid for this service. The Trust obtained a low price when it tendered for the service 5 years ago and it was expected that the price would increase significantly for this new contract. The value of the annual External Audit service has increased to £187,185 excluding VAT per annum from the current price of £118,000 excluding VAT per annum.

2. Alignment to our Vision

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

3. Report journey

Council of Governors – 19th December 2024
 Board of Directors – 14th November 2024 (Verbal)

For information, two Governors and the Audit Committee Chair supported the Tender evaluation process along with three Directors. Further details are in the report.

4. Recommendation(s)

The Council of Governors are asked to:

- a) Note the contents of this report
- b) Approve the award of the contract to Grant Thornton UK LLP.

5. Impact

Board Assurance Framework Risk 1.1		Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2		Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0		Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0		Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	x	Remain financially sustainable in 2024/25 and beyond
Board Assurance Framework Risk 5.0		Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0		Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	x	Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Tender Process Summary

Contract Title: Provision of Trust External Audit		Quote/Tender Reference: Q005618 Atamis reference: C310718	
Contract Start Date: 01/04/2025 – 31/03/2030			
Annual Value Exc VAT:	£ 187,185	Annual Value Inc VAT:	£ 224,622
Contract Value Exc VAT:	£ 935,925	Total Contract Value Inc VAT:	£1,123,110

Summary:

This recommendation report is requesting approval to award the contract for the External Audit service for a duration of five (5) years.

The External Audit partner provides essential services as part of the process of accountability for public money, with auditors giving an independent opinion of the Trust's financial statement, ensuring proper conduct of the Trusts financial affairs. The current External Audit partner of the Trust is Grant Thornton UK LLP, who have provided this service to the Trust for the last 5 years.

Following engagement between Procurement and key stakeholders, it was agreed undertaking a further competition via the Shared Business Services Internal and External Audit, Counter Fraud and Financial Assurance Services Framework would be the most preferable option to go to market. Seven suppliers who had been pre-vetted and reviewed by the Framework were available to send out tenders to.

An initial 'capability assessment' was sent out to the identified suppliers on the 20th September 2024, this document provided a high level overview of the Trusts requirement and asked suppliers to confirm if they wanted to take part in the tender. Two suppliers confirmed their participation in the Tender by the deadline of 27th September 2024 at 12pm. They were BDO LLP & Grant Thornton UK LLP.

The Tender was released to the two suppliers on the 30th September 2024, requesting an initial written Tender 'stage 1' bid response by the 18th October 2024. Following which, suppliers would be the shortlisted for a 'Stage 2' scored presentation, which would contribute towards the final scoring as detailed below:

Quality (scored presentations) - 50%
Social Impact Assessment (SIA) – 10%
Price – 40%

Following the initial stage 1 deadline, only one bid was received from Grant Thornton UK LLP. The supplier was successfully shortlisted to present to the Trust on Thursday 7th November 2024.

The panel formed to represent the organisation on the day is detailed below, all signed a conflict of interest confirming no interest(s) to declare:

Alex Giles – Lead Governor
Yvonne Peers - Governor
Chris Walker – Interim Director of Finance
Helen Board – Board Secretary
Andy Proctor – Director of Governance

Joanne Hanley, Non-Executive Director and Audit Committee Chair was not able to participate on the day but did review the tender process and agreed the outcome.

The theme of the qualitative criteria presented was scored based on the supplier providing assurance of:

- Their approach and team (20% of qualitative score)
- Their added value proposition (20% of qualitative score)
- First year planning (10% of qualitative score)

Following the Stage 2 qualitative scoring undertaken, when added together with the Social Impact Assessment and Price scoring, Grant Thornton UK LLP achieved an overall score of **90%** for their overall Tender response, which was viewed as an acceptable score for award. Breakdown of the scoring achieved is in the table below:

	Grant Thornton
Quality %	42.00
SIA %	8.00
Price %	40.00
Total Score % (100%)	90.00

The supplier has provided good assurance of their ability to continue delivering a high-quality External Audit provision.

Financial Bid Submission & Assurance of Value for Money

The supplier’s total price for the period 1st April 2025 to 31st March 2030 is shown in the table below:

	New 5 Year Bid Price*	
Year 1	£	187,185
Year 2	£	187,185
Year 3	£	187,185
Year 4	£	187,185
Year 5	£	187,185
Total 5 Year Cost	£	935,925

*RPI shall be applicable Years 2 to 5 of the new agreement, linked to published % values the March of each prevailing year. 2024/25 external Audit charge is estimated to be £118,000 excluding VAT under the current contract.

The pricing has significantly increased when compared to the previous 5-year provision due to several factors:

- Inflation increases; some of which noted to be significant/high percentages through the period of Covid-19 and beyond.
- Market dynamic changes: noted to be limited competition in the External Audit market space, so supply and demand is impacting cost.
- As turnover increases, the level of Audit expectation under regulation changes, meaning the service is more resource intensive to deliver.

When comparing to the Black Country System recent contract awards (also Grant Thornton), the Trust has achieved a reasonable contract price as shown in the table below:

Trust	£ Per Annum
The Dudley Group NHS Foundation Trust	£ 187,186.00
Sandwell & West Birmingham NHS Trust	£ 283,700.00
Royal Wolverhampton NHS Trust	£ 240,000.00
Walsall Healthcare NHS Trust	£ 210,120.00

Recommendation

The recommendation is that the Trust award the contract to Grant Thornton UK LLP as the only suitable bid received. This being a 5-year contract to run from 1st April 2025 to 31st March 2030.

Rationale for Decision

- Awarded in line with the Trust Standing Financial Instructions and Procurement Contract Regulations 2015 following a compliant tender process.
- Clearly demonstrated through the process that Grant Thornton can deliver the annual Audit on time and to a high standard.
- Grant Thornton has significant experience within healthcare, and more specifically, the NHS with several named clients. All of which are long standing clients.
- Grant Thornton are the ICB's External Auditor along with the three other acute Trusts in the System.
- While the price has increased significantly due to market conditions the Trust is able to demonstrate it has achieved a reasonable price compared to other local Trusts.

Paper for submission to the Council of Governors 19 December 2024

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

1. Summary of key issues

Council of Governors elections & current vacancies

The ballot for election has been held in the following constituencies, where there was a contested situation, closed at 5pm on Thursday 5th December 2024 and has returned the candidates as listed:

- Elections results (see report in appendix 1)
 - Public – Brierley Hill – Phil Tonks
 - Public – Halesowen – Julius Adams
 - Public – Stourbridge – Alex Giles (second term)

- Non contested results (see report in appendix 2)
 - Staff – Nursing & Midwifery – Anand Letha
 - Staff – Nursing & Midwifery – Lyndsay Millington

The next Council of Governor elections will be held in June 2025.

We are also seeking a governor for the constituency of ‘Primary Care Representative’ and working with primary care and integrated care board teams to identify an individual.

Following a recent resignation, a vacancy has arisen in the Brierley Hill constituency and in line with the provisions made in the Trust’s Constitution, Annex 9 – further provisions 8.0 When a vacancy arises for one or more elected governors, the Council of Governors shall have the option to take from the list of members who stood for election at the most recent election of governors for the class or constituency in question whichever member who was not elected as a governor at the recent election but had secured the next most votes at that time. This procedure, which shall be an uncontested election for the purposes of the Model Rules for Elections as they apply to the Trust, shall be available to the governors on two occasions within 12 months of the previous election.

Having recently concluded a contested election in the Brierley Hill constituency, it is proposed to exercise this option and appoint the member who secured the next most votes to be elected.

The Council of Governors is asked to endorse this approach returning the following member:

- Public – Brierley Hill – Angelika Pachowicz

Lead Governor end of term/appointment process

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

All Elected Governors (public and staff) will be given an opportunity to apply for the position of Lead Governor. The term of office will be formally announced at a meeting of the full Council of Governors in March 2025. The appointments will be subject to annual review and endorsement of the full Council. The process was summarised in the September Board Secretary report to Council report. The timetable will be:

Monday 20th January 2025 – expressions of interest sought
 Friday 14th February – closing date for receipt of expressions of interest
 Friday 7th March - where more than one expression of interest received, a ballot will take place with close of ballot on this day
 Thursday 20th March – result endorsed at Full Council of Governors meeting

Foundation Trust Constitution review 2024

It is best practice to regularly review the Trust’s Constitution. During quarter three 2024/25, a review was undertaken and the proposed amendments are provided in appendix 3.

The Council of Governors is asked to approve the proposed changes.

Governor commitment pledge

The ‘Governor’s Commitment Pledge’ serves as a practical tool, offering a list of suggested activities to help governors define their contributions. It is flexible and can be adjusted at any time to accommodate changing circumstances. Governors will review their pledges every three months to assess progress and ensure alignment with their goals.

This framework encourages governors to define their commitments to the Council’s work, enhancing engagement and focus throughout their term.

- Current governors have the option to adopt this initiative and outline their commitments for the remainder of their term.
- New and reinstated governors joining the Trust from December 2024 will be invited to make pledges aligned with the Council’s work. These pledges should be finalised within three to six months of their appointment.

The Foundation Trust Office will oversee the pledges, but governors will retain responsibility for fulfilling their commitments. The guidelines and suggested activities for the ‘Governor’s Commitment Pledge’ are detailed in Appendix 4.

The Council of Governors is asked to endorse the rollout of the ‘Governor’s Commitment Pledge’

Council of Governor’s Effectiveness Review – Action Plan

The Governor’s Task and Finish Group met on 11th November 2024 to review the recommendations and actions arising from the 2023-24 Council of Governor’s Effectiveness Review. The proposed actions, as identified by the group, are detailed in **Appendix 5**.

The Full Council of Governors is asked to support the action plan.

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

3. Report journey
Council of Governors 20 th December 2024

4. Recommendations
The Council of Governors is asked to:
a) Note the results of recent election activity and welcome new and returning governors

- | |
|---|
| b) Endorse the election of Angelika Pachowicz for the constituency of Public – Brierley Hill |
| c) Note the Lead Governor election timetable |
| d) Approve the proposed changes to the Trust’s Constitution |
| e) Support the action plan developed following the Council of Governors effectiveness review |

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

CLOSE OF VOTING: 5PM ON 5 DECEMBER 2024

CONTEST: Public: Brierley Hill

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT		
Phil Tonks		

Number of eligible voters		1,155
Votes cast by post:	98	
Votes cast online:	24	
Total number of votes cast:		122
Turnout:		10.6%
Number of votes found to be invalid:		6
Total number of valid votes to be counted:		116

CONTEST: Public: Halesowen

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

RESULT		
Julius Adams		

Number of eligible voters		995
Votes cast by post:	52	
Votes cast online:	25	
Total number of votes cast:		77
Turnout:		7.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		77

CONTEST: Public: Stourbridge

The election was conducted using the single transferable vote electoral system.

The following candidate was elected:

RESULT
Alex Giles

Number of eligible voters		1,471
Votes cast by post:	104	
Votes cast online:	40	
Total number of votes cast:		144
Turnout:		9.8%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		143

The result sheet for the election forms the Appendix to this report. They detail:-

- 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

CLOSE OF NOMINATIONS: 5PM ON 28 OCTOBER 2024

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

**STAFF: NURSING AND MIDWIFERY
2 TO ELECT**

The following candidates are elected unopposed:

Anand LETHA
Lyndsay MILLINGTON

Abi Walcott-Daniel
Returning Officer
On behalf of The Dudley Group NHS Foundation Trust

Paper for submission to the Council of Governors 19th December 2024

Report title:	The Dudley Group NHS foundation Trust Constitution Review 2024
Sponsoring executive:	Diane Wake, Chief Executive Officer
Report author:	Helen Board, Board Secretary

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

The Trust's constitution is subject to review every year. Following the recent transition of staff and services from Dudley Health and Integrated Care NHS Trust, the Trust's constitution document has been subject to review by law firm, Hill Dickinson LLP who have provided their advice. This is summarised below with suggested minor changes given in red font:

Public Constituency

Clause 7.1 of the Constitution states that any individual who lives within one of the designated areas in Annex 1 is eligible to become a member of the Trust. There is a minimum number of members for each area, and these are also set out in Annex 1. A certain number of members from each area are to be elected to the Council of Governors, which is also set out in Annex 1 (e.g. for Brierley Hill, two members from that area are to become Governors).

We have checked that the current constituencies in Annex 1 accurately reflect the geography of the public served by Dudley Health and Integrated Care NHS Trust. For example, if Dudley Health and Integrated Care NHS Trust served a wider area than DGFT we might have considered adding a new constituency or expanding the number of members and governors elected from the Rest of England category. We established that Dudley Health and Integrated Care NHS Trust served the same areas set out in Annex 1, and no changes are required.

Staff Constituency

We have checked that the list of staff classes set out in Annex 2 accurately reflects the Dudley Health and Integrated Care NHS Trust staff who have transferred to The Dudley Group and there is no requirement to amend or add to the current classes.

We propose to amend the Constitution to allow staff members who have been employed at Dudley Health and Integrated Care NHS Trust for 12 months to become part of the Staff Constituency, to avoid any unwarranted exclusions from the constituency. Please find suggested amendments to clauses 8.1 and 8.2 below in red:

- 8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a member of the Trust provided:
- 8.1.1 they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - 8.1.2 they have been continuously employed by the Trust under a contract of employment for at least 12 months. **For the purpose of this section 8.1.2, any period of employment under a contract of employment which transferred to the Trust pursuant to the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 shall count towards this 12-month qualifying period.**

8.2 Individuals from partner organisations who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust, and who work in The Dudley Group premises or in premises specifically serving the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months. Organisations whose employees may be entitled to become Members of the staff constituency, as at the date of adoption of this constitution, by virtue of exercising functions for the Trust include those listed at Annex 2.

For the purpose of paragraph 8.2, where the Trust takes on services previously provided by another organisation, any period during which an individual exercised functions for that other organisation in relation to those services shall count towards the 12 month qualifying period if the individual continues to exercise the same functions in relation to the Trust immediately following the Trust's acquisition of the relevant services.

Consideration was given to amending the list of staff classes and minimum number of members in Annex 2 to incorporate the incoming staff that have transferred from Dudley Health and Integrated Care NHS Trust and any partner organisations associated with the transferring Dudley Health and Integrated Care NHS Trust services.

The Dudley Health and Integrated Care NHS Trust transfer was not classed as a 'significant transaction' for the purpose of the Constitution.

Tendering and Contract Procedures

Procurement law is changing in 2024 where the Procurement Act 2023 is replacing the Public Contracts Regulations 2015 (PCR) and expected to come into force in October 2024. To reflect this the following amendments are proposed **shown in red font, font to be replaced highlighted**:

ANNEX 8 STANDING ORDERS – BOARD OF DIRECTORS

9. TENDERING AND CONTRACT PROCEDURE

Duty to comply with Standing Orders

Public Contract Regulations (2015) **Procurement Act 2023**

Formal Competitive Tendering

Quotations

Where tendering or competitive quotation is not required

Private Finance

Contracts

Personnel and Agency or Temporary Staff Contracts

Healthcare Services Contracts

Other Contracts for Services Provided by the Trust

Cancellation of Contracts

Determination of Contracts for Failure to Deliver Goods or Materials

Contracts Involving Funds Held on Trust

9.2 **Public Contract Regulations (2015)** **Procurement Act 2023** - Directives by the Council of the European Union promulgated by the Department of Health and Social Care (DHSC), which remain in place following the United Kingdom's exit from the European Union, prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders.

9.18 **Contracts** - The Trust may only enter into contracts within its statutory powers and shall comply with:

- (a) these Standing Orders;
- (b) the Trust's Standing Financial Instructions (SFIs);

- (c) **Public Contract Regulations (2015) Procurement Act 2023** and other statutory provisions;
- (d) any relevant directions issued by the Regulator;
- (e) such of the NHS Standard Contract Conditions as are applicable.

ANNEX 11 – RESERVATION OF POWERS AND SCHEME OF DELEGATION

Section 5 – Power Delegated by the Board to Committees. Proposed updates as follows:

Committees renamed

Workforce & Staff Engagement Committee renamed **People Committee**

Finance & Performance Committee renamed **Finance & Productivity Committee**

Quality & Safety Committee renamed **Quality Committee**

Charitable Funds Committee renamed **Charity Committee**

Committee removed

Digital Trust Technology Committee - dis-established in May 2024

Committees added

Integration Committee – established June 2023

Joint Provider Committee – Formally established 2023

2. Alignment to our Vision

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

3. Report journey

Council of Governors

Board of Directors

4. Recommendations

The Council of Governors is asked to:

- a) Endorse the amendments to the Trust Constitution

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Governor Commitment Pledge

The Governor Commitment Pledge has been designed:

- To show governors how they can make a difference
- To identify opportunities for governors to work together
- To highlight areas where the governor/s may need support

The Governor's pledge is linked to their statutory duties:

- Holding NEDs to account
- Representing Members and the public

Governors are advised to keep the following points in mind while drafting their commitment pledge:

- Note practical commitments that can be achieved within a year
- Think about things that matter most to you.
- Think about what you are willing/able to do.
- Pledges are flexible and can be changed throughout the year if you no longer wish to commit to a particular activity.

The activities listed on the following pages are suggestions. Please select at least one activity from each commitment area as a minimum.

The Foundation Trust Office will assist and guide governors in identifying activities to include in their pledges. Additionally, the FT office will help to identify ambassadors from within the Council to support all governors in fulfilling their pledges.

The pledge should be reviewed by you at least every three months to ensure that you are meeting/making consistent progress towards the goals you have set.

This document is confidential to the individual governor, with support from the FT office as needed.

Starter Governor Commitment Pledge List

Commitment Area	Suggested activities	Governor updates
Engaging with Members and Community	Attend at least two patient experience listening events/member webinars or Patient participation group meetings.	
	Recruit new members – set a target that you would like to achieve each quarter. Staff governors – sign up friends and family Public/appointed governors – share on your networks	
	Visit their local community group, GP practice to link in with patient panel (if they operate one), Healthwatch meetings and library/community centre to promote membership. <i>Reference governor and membership engagement plan</i>	
Governance and Accountability	Holding non-executive directors (NEDs) to account for the performance of the board – Will attend xxx Board Committee meetings every quarter to observe the NEDs chairing their respective committee meetings and thus gaining confidence that the NEDs are holding the board to account for the working of the Trust.	
	Maintain a minimum of 75% attendance at Council Meetings every year.	
	Active engagement at full Council meetings e.g. raising questions either in or before the meeting	

Commitment Area	Suggested activities	Governor updates
Ongoing Learning and Development	Actively participate in training, development, and educational opportunities provided by the Trust to deepen my understanding of the healthcare sector, governance, and NHS Trust operations.	
	Stay informed about developments in healthcare policy, local needs, and innovations. Example is: read the various newsletter and briefings issued by the Foundation Trust office	
Participate in Trust facilitated activities	Talk to us Trolley – Every Tuesday – 14:00 -15:00. Can be done on another working day of the week as well.	
	Ward to Board visit – schedule to be shared every 3 months with the governors	
	Quality and Safety/Core service Reviews – schedule to be shared at the start of the year and followed-up with a quarterly/half-yearly reminder if spaces are available. Governors who have previously done a Quality and Safety review can buddy newly elected/appointed governors on their first one.	

Commitment Area	Suggested activities	Governor updates
	National PLACE assessments – Takes place once a year in October/November.	
	Staff Network Walkabouts <ul style="list-style-type: none"> - EmbRACE Staff Network - Disability Staff Network - LGBTQ+ Staff Network - Women's Staff Network 	
Ad-hoc activities	Contribute to Members Bulletin – send in suggestions to the Foundation Trust Office	
	Governor spotlight 'In the Know'	