



Board of Directors Meeting Public Papers

Thursday 13th March 2025 10:00 – 13:30

Clinical Education Centre, Russells Hall Hospital, Dudley, DY1 2HQ



Images: Vaccine walkabout | National Chief Nurse Officer Award for Lisa Birch | Pulmonary Rehab national accreditation

BOARD MEETINGS PUBLIC INFORMATION SHEET

The Dudley Group meets in public every other month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how Board meetings work.

Name signs for each board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in part II (confidential) of the meeting.

Copies of the agenda and papers are available at the meetings, and on our website <http://dudleygroup.nhs.uk/> or may be obtained in advance from:

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2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the Trust and these are recorded in a register. If you would like to see the register, please contact the Board Secretary or visit our website.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Opportunity for questions

Members the public, should raise any questions directly to the Chair at the conclusion of the meeting.

4. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be presentation; for others this may not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject. A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

A record of the items discussed and decisions taken is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes as presented to the next meeting of the Trust Board for approval are added to the website at the same time as the papers for that meeting.

6. Key Contacts

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PUBLIC SESSION

V1.8 Board of Directors
Thursday 13 March at 10:00am
Room 7/8, Clinical Education Centre, Russells Hall Hospital, Dudley
AGENDA

ITEM	PAPER REF	LEAD	PURPOSE	TIME	
1	Chairman's welcome and note of apologies	Verbal	Chair	For noting	10:00
2	Staff & Patient Story – Patient Experience during winter Jill Faulkner, Associate Director of Patient Experience Introduced by M Morris, Chief Nurse				
3	Declarations of Interest Click here for Register of Interests		Chair	For noting	10:25
4	Minutes of the previous meeting Thursday 9 January 2025 Action Sheet 9 January 2025	Enclosure 1 Enclosure 1a	Chair	For approval	
5	Chief Executive's Overview	Enclosure 2	K Kelly	For information & assurance	
6	Chair's Update - Public questions (as submitted)	Verbal / enclosure 3	Chair	For information	
6.1	Integrated Committee upward assurance report - Finance & Performance, Quality, People, Integration - Joint Provider Committee	Enclosure 4 <i>Committee quadrants in further reading pack</i> Enclosure 4a&b	G Crowe & Non-executive committee chairs	For approval	
7.	Deliver right care every time CQC rating good or outstanding Improve the patient experience survey results				11:10
7.1	Chief Nurse & Medical Director report <i>Full Infection Prevention Control BAF report in further reading pack</i>	Enclosure 5	J Hobbs / M Morris	For assurance	
7.2	Integrated Quality & Operational Performance Report (IQ & OPR) <i>Full report in further reading pack</i>	Enclosure 6	J Hobbs/ K Kelly/ M Morris	For assurance	
7.3	Learning from Deaths	Enclosure 7	J Hobbs	For assurance	
<i>Comfort break (10 mins)</i>					
8	Drive sustainability financial and environment Reduce the cost per weighted activity Reduce carbon emissions				11:40
8.1	Finance report Month 10 (Jan'25) inc. Cost Improvement update	Enclosure 8	C Walker	For approval	
8.2	Winter Plan 2024/2025 update	<i>deferred to May</i>	K Kelly	For assurance	
8.3	Emergency preparedness, resilience and response (EPRR)	Enclosure 9	K Kelly	For approval	

9  To be a brilliant place to work and thrive 12:10 Reduce the vacancy rate Improve the staff survey results				
9.1	Workforce Key Performance indicators	<i>See full report in further reading pack</i>	K Brogan	For noting
9.2	Performance Against Workforce Forecast <i>Full report in further reading pack</i>	Enclosure 10	K Brogan	For assurance
9.3	Staff Survey 2024 results	Presentation	K Brogan	For assurance
9.4	Workforce national submissions - Gender Pay Gap - Equality Delivery System	Enclosure 11 Enclosure 11a	R Andrew P Singh	For assurance / approval
9.5	Freedom to Speak up Guardian Guardian of Safe Working	<i>FTSU paper deferred to May</i> Enclosure 12	 F Chaudhry	 For assurance
10	Governance			13:00
10.1	Strategy & Annual Plan progress report Q3 2024/25	Enclosure 13	A Thomas	For assurance
10.2	Board Assurance Framework	Enclosure 14	H Board	For approval
10.3	Preparing for a CQC Well-led Review	Enclosure 15	H Board	For approval
11	Any Other Business		All	For noting
12	Date of next Board of Directors meeting (public session) Thursday 8 th May 2025			
15	Meeting close			13:30
Quorum: One Third of Total Board Members to include One Executive Director and One Non-executive Director				

**Unconfirmed Minutes of the Board of Directors meeting (Public session)
held on Thursday 9th January 2025 10:00hr
Clinical Education Centre, Russells Hall Hospital, Dudley**

Present:

Liz Abbiss, Director of Communications (LA)
Karen Brogan, Interim Chief People Officer (KB)
Peter Featherstone, Non-executive Director (PF)
Joanne Hanley, Non-executive Director (JHa)
Anthony Hilton, Associate Non-executive Director (AH)
Julian Hobbs, Medical Director (JHo)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
Karen Kelly, Chief Operating Officer/Deputy Chief Executive (KK)
Mohit Mandiratta, Non-executive Director (MMa)
Anne-Maria Newham, Non-executive Director (AMN)
Martina Morris, Chief Nurse (MM)
Sir David Nicholson (SDN) **Chair**
Ita O'Donovan, Associate Non-executive Director (IOD)
Andy Proctor, Director of Governance (AP)
Kat Rose, Chief Integration Officer (KR)
Adam Thomas, Executive Chief Strategy & Digital Officer (AT)
Diane Wake, Chief Executive (DW)
Chris Walker, Interim Director of Finance (CW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Richard Alleyne, Palliative Care Consultant [for the Patient Story] (RA)
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Jenny Cale, Place Director of Operations [for item 10.1] (JC)
Sara Davis, Divisional Chief Nurse (SD)
Babar Elahi, Chief of Surgery (BE)
Kellie Lennon, Place Division, Divisional Chief Nurse [for item 10.1] (KL)
Claire Macdiarmid, Director of Midwifery [for items 8.2/3] (CM)
Paige Massy, Wellbeing Partner [for the Patient Story] (PM)
Basem Muammar, Clinical Director for Maternity [for items 8.2/3] (BM)
Kelly Pettifer, Deputy Director of Operations (KP)

Apologies

Gary Crowe, Deputy Chair
Vij Randeniya, Non-executive Director

Governors and Members of the Public and External attendees

Lewis Callary, Rest of England
Jessica Chang, member of the public
Sandra Harris, Central Dudley
Katie Hurst, HBSUK
Nandi Shalembe, Trust Member

25/01 Note of Apologies and Welcome

The Chair welcomed Board colleagues, Governors, members of the public and external attendees. Apologies were noted as listed above.

25/02 Staff and Patient Story – Wellbeing

The meeting was joined by Richard Alleyne, Consultant in Palliative Care and Trust Health and Wellbeing Champion and Paige Massey, Wellbeing Business Partner, who presented the staff and patient story.

Richard cared for the people delivering care with the aim that his support enabled staff to deliver the right care every time. He shared how his one to one meetings with resident doctors could sometimes highlight a range of issues of varying complexity. Where there were common challenges that people are facing, he worked to provide support and guidance to meet those needs. He also delivered wellbeing inductions for new doctors joining the Trust and was involved in the ongoing running of a thriving medicine course for FY1s FY2s .

The Chair asked how overall it could be seen that it was making a real difference to staff. RA agreed it was difficult as doctors pass through the organisation as part of their rotation; because of that, there was a need to constantly advertise and communicate the wellbeing support available. DW commented that many junior doctors who had a positive experience at the trust often returned to Dudley to work as Consultants which reflected positively on the culture of the organisation and the work that's been done. JHo agreed that there were tangible benefits and changes as a result of the work. Clinical compassion and empathy skills used to support patients could equally be used to support colleagues noting that survey results had improved year on year.

RA commended congratulated the Trust for establishing the innovative role. KB confirmed that since Covid-19, wellbeing had been a priority at the Trust and there are 130 Wellbeing Champions across the organisation.

JHa asked about staff survey results. KB confirmed that wellbeing results were improving as a result of efforts, with KK adding that it was important that staff knew it was alright to ask for help.

AH welcomed the important work and asked about parallel systems for other frontline staff. PM confirmed that specific roles outside of the champions were not in place with work ongoing to grow and develop the wellbeing champion programme to cover all staff groups. KB confirmed that representatives from all staff groups sat on the Wellbeing Steering Group.

AT asked if enough was done to support undergraduate groups to prepare them for the workplace. RA agreed that more could be done and AH added that it did appear on curriculum's and looking after students mental health that was offered on an opt in basis.

CH stated that proactive outreach was of critical importance and would advocate spreading the work to other staff groups. She asked what support is offered to RA and PM. RA confirmed that he was well supported by colleagues.

The Chair thanked RA and PM for their presentation and for the fantastic work they did for staff at Dudley and asked how the Trust could learn from other organisations and compare support. He added that he would like to better understand the impact on the whole workforce and asked for more information to be brought to a future meeting.

Action update on the Wellbeing Journey, to include the wellbeing offering to other staff groups **KB**

It was **RESOLVED** to

- Note the staff story

25/03 Declarations of Interest

The Chair declared that he was the shared Chair of Sandwell and West Birmingham NHS Hospitals Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare Trust.

25/04 Minutes of the previous meeting held on 14th November 2024

The minutes of the previous meeting were approved as a correct record.

It was **RESOLVED** to

- approve the minutes of the last meeting

Action Sheet of 14th November 2024

All actions were noted to be complete.

25/05 Chief Executive's Overview

DW summarised her report given as enclosure two and highlighted the following key areas:

The 2025/26 annual planning framework was expected in the coming week and noted that new guidance on elective reform had been received.

The Trust continued to perform well on elective recovery with no patients waiting longer than 65 weeks. The newly introduced guidance would be to have no more than 1% of patients waiting longer than 52 weeks. The was modelling Referral to Treatment Targets (RTT) targets where current performance was around 58%. Waiting lists were being validated and by the end of March next year the Trust was expected to reach the 65% target.

The Trust was performing extremely well against all cancer targets.

Emergency care remained a challenge particularly around the admitted care pathway and ambulance handover delays. The teams were working hard and closely monitoring patient safety. The Winter Plan would be discussed later on the agenda.

Stroke Rehabilitation patients were now being located at the Rowley Regis Hospital where the Trust had facilities for up to 11 patients.

There were various programmes of work underway by the Black Country Provider Collaborative noting that the Corporate Service Transformation Programme was progressing well. She summarised a number of clinical areas that were considering opportunities to support repatriation of work back into the Black Country.

The Trust had received confirmation that it could use the word 'University' in its title and DW thanked JHo and his team for their hard work to achieve the milestone.

In response to MMA query about winter pressures, DW confirmed that it had been an incredibly tough winter particularly with the amount of flu and RSV experienced. Many staff had also been affected by flu and on the advice of the director of infection, prevention and control, mask wearing had recommenced in some front facing clinical areas. Norovirus had also been an issue, noting that the Trust had a limited number of side rooms in which to isolate patients. Local government were working within severe financial constraints and that affected the number of medically fit patients remaining within the hospital.

KK added that the population was growing and changing locally with many more aged and acutely unwell patients presenting at the emergency portals.

The Chair added that the Trust would need to pursue much better proactive care in the Community.

LW asked about current urgent care performance. DW confirmed that activity had improved towards the end of the week and was predicting that the Trust had transitioned through the worst week.

It was **RESOLVED**

- To receive as assurance that The Dudley Group NHS Foundation Trust was represented and has a voice within the Black Country Integrated Care System at regional and national levels

25/06 Chair's Update

The Chair confirmed that one question had been received in advance from one of its Foundation Trust members:

Public questions

Nandi Shalembe had asked about elective restoration and recovery. "Fifty two weeks waiting time in high risk cases like Neurology, is this to be evaluated or operated, and as such, patients can develop further complex needs while waiting 1 year left untreated."

DW responded that all patients waiting on the PTL (Waiting list) were triaged and monitored on a regular basis. Some 52 week waiting times are longer than we would want them to be and reported that the Trust was working with an external provider to triage our Neurology patients. Any concerned patients were encouraged to contact their GP or the hospital should they have concerns in the interim.

It was **RESOLVED**

- To note that one question had been received with response given as per the preamble to this minute

25/07 Integrated Committee Upward Assurance Report

The consolidated report was given as enclosure four including upward assurance from each of the Committees, Finance & Productivity, Quality, People, Audit, Charity and Integration. The Chair invited Committee Chairs to highlight items to assure, advise and alert for Board members to note:

AP referenced the item listed as a concern on the Quality Committee upward report and confirmed that there were plans to deal with the volume of procedural documentation that required review. JHa added that there needed to be a consistent approach around policies and procedures.

MM referenced the item listed on the Quality Committee upward report confirmed that work around the domestic abuse audit was ongoing and assurance would be provided to the Quality Committee.

CH added that the People Committee was seeing various signs of distress across the organisation as a result of capacity pressures. DW added that it had been a surprise that staff results had not deteriorated and confirmed that the Trust would continue to undertake pulse surveys.

LH confirmed that there were good levels assurance received related to the perinatal dashboard and for complaints performance.

GC although not at the meeting had sent a message noting the positive progress being made to allocate resources to fund the staff wellbeing room refresh and thanked KK, the project team and the support of the charity. Additional room refresh plans may be possible and Divisions had been asked to prioritise.

GC had also noted that the Workforce Plan was not achieving the planned reduction including bank costs and the F&P Committee would need to take oversight and assurance on bank costs and the revised trajectory for year 2024/25 of net 2% reduction and ensure the new plan for 2025/26 was suitably robust to allow a faster start to year ahead, subject to being part of the overall financial plan for 2025/26.

LW commented that he was unsure that the combined report was working effectively and there was much duplication. The Chair asked that it be a consideration when producing the next report.

It was **RESOLVED** to

- to approve and note the report of assurances provided by the Committees upward reports, the matters for escalation and the decisions made

25/08 Drive Sustainability, Financial and Environmental

25/08.1 Finance and Productivity Matters

25/08.1.1 Finance Report Month 8 (November 2024) including Cost Improvement Update

CW presented the Month 8 (November 2024) Finance Report given as enclosure five..

The Board was asked to note the Month 8 (November 2024) Trust financial position as follows:

After technical changes the November cumulative position was a £3.146m deficit. The position was £1.153m better than the updated phased plan agreed by NHS England in September 2024.

Performance against the Elective Recovery Fund continued to be positive against plan in November.

The Trust was forecasting that it would achieve its 2024/25 financial year planned deficit of £1.590m after technical adjustments.

The Trust was forecasting a healthy cash balance for the 2024/25 financial year following receipt of deficit funding cash.

The Black Country Integrated Care System had now received £119.2m of non-recurrent deficit funding from NHS England. The System's financial plan was now in a breakeven position. Revised phased plans had been submitted to NHS England for all providers. The Trust's revised financial plan was now a £1.590m deficit (previously £32.565m).

The Board was asked to note the Black Country Integrated Care System November 2024 financial position and year end deficit plan of breakeven. The November position was £10.754m worse than the revised plan agreed with NHS England in September with several providers now highlighting that they would not achieve their financial plans. The System was working through a series of financial improvement plans to ensure the System achieved the financial plan.

Pay expenditure to the end of November showed an overspend of £7.404m against plan. Substantive whole time equivalent reductions were not achieved compared to the November plan after taking into

consideration income backed workforce additions. Bank expenditure continued to be very high attributed to continued emergency activity pressures.

The Trust had under achieved on the Cost Improvement Programme plan as at the end of November by £0.383m. Currently there was a forecast shortfall on delivery of the Cost Improvement Programme of £1.236m.

Both the Medicine and Surgery Divisions had not achieved their financial forecast positions for November. Consideration of the level of overspend in November relating to emergency activity pressures for the coming months, if continued, then the Trusts ability to achieve its financial plan would be extremely challenged.

The Chair commented that it was positive to note that the Trust was delivering against its commitment.

PF asked about benchmarking of staffing against other trusts and what was the agreement in relation to the Band 2 and 3's. CW confirmed that all trusts were in a similar position. KB confirmed that the Trust was undertaking a complex piece of work and were engaging with unions and had reached agreement in principle with an aim to issue the payment before the end of the financial year. KB confirmed that a review of the profiles for Bands 4,5 and 6 was underway. PF asked if provision had been made for the back pay. CW confirmed that it had been provided for.

LW asked about month 9 numbers. CW confirmed that overall the position was not as poor as anticipated. LW confirmed that the Committee would look forward to considering numbers for next year.

It was **RESOLVED** to

- Note the financial performance for Month 8 (November 24) and the reported Trust and System 2024/25 financial year end position

25/08.1.2 Annual Plan Development 2024/26

AT presented the Annual Plan Report given as enclosure six.

The Board noted the following key highlights:

An internal process for producing the Trust Annual Plan has started. Budget setting, team job planning, activity planning and the identification of priorities were all happening in parallel. The final submission of the Plan on 7th April 2025, would meet the timetable set out by the Integrated Care Board (ICB) and NHS England.

National planning guidance and accompanying financial allocations to ICBs for 2025/26 had not been published and were expected in the near future. Despite guidance not being published, it was anticipated that the pressure on revenue budgets would be considerable. The government had signalled a focus on a smaller number of its priorities such as reduced waiting times for elective treatment and diagnostics which had been widely publicised in the press. There had also been a signal that capital allocations would be made available to support them although details were not known.

Organisations across the system had been working to identify overall priorities and encapsulating these on a 'Strategic Planning Framework.' The draft version for The Dudley Group NHS FT was under development following discussion at the Board training and development session on 12th December 2024 and would be finalised at the March Board. The timeline aligned to the ICB 'Joint Forward Plan' and the awaited National '10-year plan' publication.

The ICB was coordinating the planning process and was meeting regularly with partner organisations to coordinate the production of Annual Plans. A paper from the ICB on the road map to produce a system-wide plan was being developed.

National guidance and allocations would make the efficiency ask for each system explicit, in lieu of the detail, the Trust was already setting internal plans for 4% cost improvement with acknowledgement that it could increase.

Given the expected revenue position, the Trust did not anticipate being able to make investments in service developments that had not already been approved in earlier planning cycles, and therefore must re-purpose existing spend to make any changes that were required

PF welcomed the work and asked about external engagement. DW confirmed that there was strong local engagement. KR added that work was evolving and a working group had been established with the local authority.

LW asked about the impact on the budget for next year and suggested that consideration would be needed related to opportunities and attached values. DW confirmed that there was no confirmation on how elective work would be remunerated in 2025/26 but there would be opportunities. There would be a real focus on workforce and particularly administrative reduction and would expedite the work on corporate services transformation.

JHa stated that considering assumptions and opportunities would help the Committee and non-executive directors.

The Chair commented that it would be important to ensure there was sufficient space within the organisation to undertake real planning on transforming services. Some significant decisions would be required to be made by the Board. Elective activity payments would hinge on improved productivity. He requested that all opportunities be brought together into one place for the Board. DW confirmed that it would be the focus of the February Board development session.

It was **RESOLVED** to

- Note the actions already taken to prepare for the production of the Annual Plan 2025/26 and the required timetable for approval, which may require an extra-ordinary Committee/Board meeting to finalise

25/08.1.3 Winter Plan 2024/25 Update

KK presented the Winter Plan update report given as enclosure seven. The Board noted the following key highlights:

Despite severe challenges related to acuity, the opening of the Midland Metropolitan University Hospital (MMUH), and medically fit for discharge patients, the Trust continued to work hard to mitigate the effects of the most testing winter in NHS history.

The lack of availability of Trust beds has caused a marked deterioration in ambulance handover performance, which had been replicated across the Black Country, most notably at Walsall.

The combined winter/MMUH plan has thus far not delivered the totality of beds/bed avoidance committed to; 26 had so far been delivered, with another 20 in February, leaving a shortfall of 50 beds.

KK confirmed that there were currently 60 additional beds open within the organisation. She added that the Plan has been partially successful.

The Chair asked about the shortfall of 50 beds and the Plan being designed around Community first. KK confirmed that not all actions with Community partners to fully keep patients out of the Trust have come to fruition.

LW commented that the numbers in the tables didn't add up and that actions in the Plan would be groundbreaking and it appeared that the Trust still had not been able to deliver the actions within the Plan that the Board had signed up to. KR agreed that a review of the lessons learned would be actioned and would hold earlier planning with Community services. She noted that Clinical Hub access had been extended then reversed owing to under usage and noted there would be further learning.

Referencing 100% occupancy of virtual wards, PF asked if there was the scope to do more. KK agreed that there was more development opportunity to use the virtual ward to support patients at home.

AT commented on the increased levels of frail acuity and the importance of increasing vaccine levels and agreed that virtual ward cohorts should be considered for expansion.

MM concurred adding that to make the Community impact reach its full potential there would need to be increased clinical hub capacity. In response to a further question from PF related to the impact of the MMUH opening, KK confirmed that data was still being modelled to fully understand the impact of the opening adding that there were meetings to consider shifts in activity.

DW thanked all teams for their efforts throughout such a difficult winter. She noted the success with admissions avoidance and would need to look closely at what could be moved out of hospital before next winter. Staff should be commended for their work in keeping patients safe whilst additional beds were open.

LH suggested holding a deep dive between providers in March/April.

The Chair added that it was important to learn the right lessons and not underestimate the work required to develop community services. He agreed that all staff were doing remarkable work in difficult circumstances and asked that the thanks of the Board are passed on.

It was **RESOLVED** to

- Note the update and the current and forecast delivery of beds

25/08.1.4 Integrated Quality and Operational Performance Report

JHo, KK and MM presented the Integrated Quality and Operational Performance Report given as enclosure eight. The Board was assured that the performance reports had been considered in detail at the respective Committees prior to submission to the Board of Directors and noted the following highlights:

Assure

Quality:

Stoke performance indicates SSNAP level A.

All complaints continued to be acknowledged within 3 days.

83% of respondents to the Friends and Family Test rated services as good/very good.

Performance:

Emergency Performance - In November ED 4-hour performance was at 81.62% vs the national target of 78%. ED had reconfigured the treatment areas following the floor works and ahead of the planned building works and now had a dedicated triage space with daily performance monitoring. There was ongoing focus on:

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

Cancer Performance - The 28 day Faster Diagnostic Standard (FDS) achieved 80.9% (October 24 validated) against the constitutional standard of 77%.

The 31-day combined decision to treat performance achieved 92.9% in October against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. The 31 day trajectory to achieve 96% had been submitted to ICB. Performance against the 62 Day combined target achieved 76.4% in October which was above the national target of 70%.

DM01 Performance (Diagnostics) - November DM01 performance achieved 90.4%. All modalities, with exception of Sleep Studies, were achieving above 90%.

Black Country Pathology Service (BCPS) - Urgent 10-day histology was 51% against National 70% target, November forecast was 69%. E-Requesting at 47%. Further improvement underway. IT issue in Gastro now resolved. Compass pilot began in December 2024 with wider rollout in January 2025. Urgent requesting at 59%, task and finish group was in place to review pathways and identify opportunities for improvement.

Elective Restoration & Recovery - The Trust continued to perform well with Elective Restoration and Recovery and was now focusing on patients at 65 weeks. There was an accelerated target date in December due to the festive period with clearance expected by the 22nd December. The most challenging specialties continued to be Neurology, Dermatology and Gynaecology with high numbers also to clear in General Surgery.

Performance against the Elective Recovery Fund was challenged in November, largely due to a reduction in work undertaken by Trauma and Orthopaedics and noted it had increased in December and should recover the position.

The next target for focus is the 52 week wait patients being treated by the end of March 25. The Trust is now looking to book all 52 week first outpatient appointments that would breach in March 25 by the end of November 24. It was a challenging ask with teams currently working on plans to achieve. The November RTT position 59.2% vs 92% national target, a continued improvement month on month.

Advise

Quality:

Fifty four point six per cent of complaints were responded to within 30 days, which demonstrated a further improvement.

The number of reported incidents reduced and remained within natural variation. Levels of harm for November were still be validated. There was one Patient Safety Incident Investigation and six SWARM huddles that had been requested following review at the Incident Decision Making Group.

Mixed sex accommodation breaches continued in level 2 and 3 areas, due to excessive capacity requirements.

Screening for dementia was at 65.58%. The Dementia team have been working with matrons and lead nurses, in addition to prompting staff to screen eligible patients.

Thirty four children with mental health conditions attended the Trust (23 via ED), with 10 admitted from Emergency Department (ED) to C2, none required a section.

Nineteen patients were treated in ED that required a mental health admission, 8 of these required formal admission under the Mental Health Act (MHA). Long delays in patients securing a Mental Health bed remain. From an MHA section point of view: four patients were detained under a section 5(2), one patient was detained under a section 2. Two patients were recorded as detained under a section 136. One patient was liable to be detained on a section 2.

There was an increase in falls, which was linked with an increase in falls with moderate harm possibly attributed to natural variation or due to increased capacity pressures.

There was an overall increase in reported pressure ulcers, however, reviews indicate low or no harm.

There was a likelihood that the Trust would see an increase in Section 42 safeguarding enquiries linked to Continuing Health Care (CHC) and third-party care providers.

The Trust had observed high numbers of patients admitted with flu and RSV.

There was an increase in cardiac arrests and medical emergency treatment calls, which may be attributed to an increase in patient acuity and high operational demand. Sepsis compliance within ED and inpatient areas improved to 67% and 69% respectively. Two per cent of patient observations were completed on time, with 92.06% completed within 15 mins.

Performance:

ED Triage - November's overall Triage position is 73% vs 95% national target. Arrivals via ambulances and front triages were high, limiting the front triage performance, along with high acuity of patients.

ED has gone through three weeks of floor repair works, which had significantly and adversely affected the ED footprint to see and treat patients affecting triage performance at that time.

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

Ambulance Handover - November's activity saw 9,461 attendances which had decreased when compared to the previous month of October with 10,116. 22 out of the 30 days saw >300 patients. 3032 patients arrived by ambulance; an increase from the 2995 ambulances that attended last month. 614 of these offloads took >1hr (16%). It showed an increase when compared with last month's performance of 21%.

Over the month, the average length of stay (LOS) in ED was 214 minutes for non-admitted patients and 444 minutes for those waiting for a bed following a decision to admit. It represents an increase compared to last month, where the LOS was 206 minutes and 426 minutes respectively.

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

The '31-day combined decision to 'performance achieved 92.9% in October against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. Urology, Gynaecology and Skin were tumour sites most challenged. The 31 day trajectory to achieve 96% submitted to ICB. The 31 day combined & 62 day combined actions included:

- Prostate: started straight to test pathway trial for suitable patients. LATP training in progress, improvement expected Jan 25. Imaging Team scoping options to increase MRI capacity.
- Head and Neck: demand and capacity review commenced with the Royal Wolverhampton
- Gynaecology: unable to recruit to Hysteroscopy nurse. Extra capacity being sourced
- Skin: CDC Dermoscopy success continues for rapid access patients

Black Country Pathology Service (BCPS) - Urgent 10 day Histology was 51% against national target 70%, November forecast at 69%. E-Requesting at 47% with further improvement underway. IT issues in Gastroenterology now resolved. Compass pilot began in December 2024 with wider rollout from January 2025. Urgent requesting at 59% with a task and finish group in place to review pathways and identify opportunities for improvement.

Late Tertiary referrals were being closely monitored. Primarily it related to Head and Neck, Lung, Gynaecology and Urology with actions in place to reduce. Cancer performance was reviewed at Regional Performance Tier Calls with NHSE.

DM01 - November DM01 performance achieved 90.4% and was an improvement compared to 89.2% in October. All modalities with exception of Sleep Studies were achieving above 90%. Dexa, Cardiology and Endoscopy were performing at 98% or above. MRI and NOUS were the most challenged areas. MRI achieved 90.1% in November. Over six week breaches are primarily cardiac.

NOUS achieved 91.23%, an improvement from 88.98% last month, The majority of over 6 week breaches were ENT specialist scans. Additional provision was being sourced for head and neck and increased staffing in gynae would provide extra capacity. System mutual aid was provided to Sandwell (600 slots a month). Plan met to achieve 90% or above in November and zero 13 week NOUS breaches.

Sleep studies had improved to 63.55% in November from 63.1% in October. Due to change in NICE guidance, demand now considerably outweighed capacity. The short term recovery plan for sleep studies using bank continued. Commencement of CDC Respiratory from January 2025 in progress. Audiology continued to improve and achieved 92.09% in November compared to 86.12% in October.

All NOUS 13 week breaches had now been cleared. There were 64 remaining of those 59 were cardiac MRI.

Elective Restoration & Recovery - The next target for focus was the 52 week wait patients being treated by the end of March 25. The Trust was aiming to book all 52 week first outpatient appointments that would breach in March 25 by the end of November 24. It was a challenging ask with teams currently working on plans to achieve.

GIRFT Further Faster 20 Programme - The Trust continued 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.

From October 2024 The Dudley Group was now a part of the GIRFT Further Faster 20 initiatives, announced by the Secretary of State in September 2024, to target support for systems to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity. There was an opportunity for resource and focus to be placed in areas where the Trust could have substantial impact to reduce the waiting list and continue to build on work already commenced.

It was an opportunity to further improve care across our communities and link together Primary and Secondary care. It was also in line with the government's economic policy focus. There was more work to do to ensure that the GIRFT Further Faster 20 programmes embedded further within the Trust, and a GIRFT subgroup was being created to provide guidance, challenge and direction to all specialties. Through the Trust GIRFT Delivery Group, Clinical and Operational leads would be nominated to set objectives with their Specialty triumvirate colleagues to ensure delivery of the programme, supported by Corporate Teams where necessary - Strategy and Transformation, Finance, HR and Improvement Practice.

Alert

Quality - The requirement for equipment in the community had seen a 66% increase in expenditure during November potentially attributed to a high level of acuity within the community. It was currently being reviewed to ensure due process was followed and there was no impact on quality and safety.

As part of the Quality update, MM focused on providing assurance with respect to quality and safety oversight during times of extreme operational pressures. The oversight actions reported to the Board previously have remained in place.

MM confirmed that all the indicators within the integrated report are being monitored throughout the year, but more closely during the periods of high operational demand to maintain robust oversight of any impact and mitigations required.

The Trust has observed a rise in some of the harms such as patient falls, pressure ulcers and infection prevention outbreaks albeit these were not statistically significant at this point of time. MM confirmed that the established oversight mechanisms have remained in place to ensure that any learning is identified promptly and escalated upwards to the Quality Committee.

As of November 2024, nursing and midwifery teams have available a nursing quality dashboard, which they are utilising to monitor areas of excellence and identify improvements.

From a safety perspective of UEC pathways, which have been very pressurised, the Trust continues to have a regular executive presence in ED and other portals of entry into the Trust. Additional measures have been implemented to maintain safety and quality of care. These include, for example, Temporary Escalation Spaces (TES) Standard Operating Procedure, risk assessment for TES areas, deployment of additional staff to support clinical areas and the patient experience team undertaking patient experience rounds.

Demand for mental health (MH) beds have remained high and the Trust has continued to work with our lead MH provider to ensure patients receive the right care, in the right place and at the right time. From and Infection Prevention and Control (IPC) perspective, the focus has remained on ensuring that the fundamentals such as hand washing, environmental cleanliness and adherence to best practice remained in place. The Trust has introduced mask wearing in the point of entry areas as the flu cases

have continued to rise and as an additional measure to prevent the spread. In terms of staff vaccination (flu and covid), the Trust has continued to strongly encourage staff to take up the offer.

It was **RESOLVED** to

- receive the report and draw assurance from progress made and efforts to deliver against national standards and local recovery plans

25/08.1.5 Neonatal Nurse Staffing Business Case

MM presented the Neonatal Nurse Staffing Business Case given as enclosure nine.

The Board of Directors was asked to note that the Neonatal Nurse Staffing Expansion Business Case had been prepared in line with the Trusts' Business Case Policy and followed robust governance process. The Finance & Productivity Committee had considered the case at its meeting held on Thursday 19th December where it was agreed to recommend to the Board of Directors for approval.

The business case supported an expansion of the Neonatal nursing establishment. It was presented and approved by the Executive Team and Finance and Performance Committee during Q3 2024-25, which supported Option 3:

Increase the current establishment from 6 Registered Nurses to 9 per shift, which would able 100% staffing establishment, working to 90% occupancy of cots. The substantive cost was £885,566 and was reflective of the current expenditure run rate of the Trust to maintain safe staffing levels on the unit in line with British Association of Perinatal Medicine (BAPM) standards.

The chances of survival of the smallest and most pre-term babies related not only to nurse staffing levels, but also to the specialist levels of education and experience of the nurses delivering care. Within the national Neonatal Workforce Tool (2020) it was clearly stated that a neonatal unit nurse staffing should be established to 100% to ensure that peaks in activity can be managed without an adverse effect on outcomes, mortality and morbidity. As part of this, maintaining safe occupancy levels was critical.

During budget setting 2024/25, the cost pressure of maintaining BAPM standards was flagged as a financial cost pressure and risk. During 2024/25, the cost pressure has been realised and the Trust was already spending the funds to maintain the standards identified and required. The business case had been developed to ensure that recurrent financial budgets and plans reflected the expenditure required to maintain quality and safety on the unit and meet BAPM standards.

Significant financial investment was required to enable the establishment of staffing levels in line with BAPM nurse staffing guidance for commissioned cots as required by the West Midlands Neonatal Operational Delivery Network and Maternity Incentive Scheme.

AMN asked about interim approvals. DW confirmed that numbers were increased two years previously following approval for interim funding at Executive Team and at the F&P Committee. CW confirmed that it was in the run rate and staff were already in place. JHo added that the teams have delivered a quality service as a result of the increased staffing.

LW confirmed that staffing was increased to the regulatory level.

The Chair asked about the view of the ICB. DW replied that the Trust had the best outcomes compared to two years ago. MM commented that Sally Roberts (ICB chief nurse) was fully supportive

of both, neonatal staffing and maternity business cases, and it brought the Trust in line with other neonatal and maternity units in the system and would ensure regulatory compliance.

It was **RESOLVED** to

- Approve the Neonatal Nurse Staffing Business Case

25/08.1.6 Midwifery Staffing Business Case for Birthrate Plus

MM presented the Midwifery Staffing Business Case given as enclosure 10. The Board of Directors was asked to note that the Maternity Business Case to achieve Birth Rate plus has been prepared in line with the Trusts' Business Case Policy and has followed a robust governance process. The Finance & Productivity Committee considered the case at its meeting held on Thursday 19th December where it was agreed to recommend to the Board of Directors for approval.

Birthrate Plus® workforce planning and real time staffing acuity tool used validated methodology to support the delivery of safer maternity care as required by the CNST Maternity Incentive Scheme. It was the only midwifery-specific, national tool that provided the intelligence and insights required to be able to model midwifery numbers, skill mix and deployment and to inform decision making about safe and sustainable services. The business case had been developed to support a safe midwifery establishment within Maternity services. It was presented and approved by the Executive Team and Finance and Performance Committee during Q3 2024-25, which supported option 1:

The Trust funded the Maternity unit to the full Birthrate Plus® recommended staffing figures and increased recurrent funding by 6.66 WTE that equated to £444,605. In 2024/25, £280K had been allocated from the LMNS. These funds should be recurrent for better planning and usage towards Birthrate Plus® requirements. It was suggested the Trust planned for these funds to be recurrent and used towards the Birthrate Plus® case in the first instance. There was a risk that if no funds were allocated, the Trust would be required to cover the shortfall. Taking into consideration the LMNS funding in the calculation, it would leave a shortfall of £164,605.

The requirement to be at Birthrate Plus® establishment was a key factor in achieving the Maternity Incentive Scheme (MIS) compliance. The Trust already had the workforce in place to achieve it and the financial run rate and establishment supported it. However, MIS required it be in the budgeted establishment and the case presented was to substantiate the spend that was already currently being incurred.

During budget setting 2024/25, the cost pressure of maintaining Birthrate Plus® was flagged as a financial cost pressure and risk. During 2024/25, the cost pressure had been realised and the Trust was spending the funds to maintain the standards identified and required. The paper was prepared to follow process to ensure recurrent financial budgets and plans reflect the expenditure required to maintain standards and requirements. The Trust's Maternity Services were currently non-compliant with the recommendations of Birthrate Plus® workforce calculations. It posed a risk to the compliance with Safety action 5 of the Maternity Incentive Scheme year 6, which held regulatory and financial risk to the organisation. LH added that the Trust would lose out if a standard were not achieved in line with the requirements of the MIS year 6.

It was **RESOLVED** to

- Approve the Midwifery Staffing Business Case

There was a short comfort break

25/09 Deliver Right Care Every Time

25/09.1 Chief Nurse and Medical Director Report

MM and JHo presented the combined Chief Nurse and Medical Director Report given as enclosure 11 that focussed on the quality metrics. The bi-monthly report provided an overview of key quality, safety and professional matters from a multiprofessional perspective, to demonstrate how multiprofessional teams worked collaboratively to positively influence everyday practice and focus on improving quality outcomes and patient experience. The data presented related to October and November 2024.

There had been a notable reduction in cardiac arrests since the introduction of Deteriorating Patient Pathway and a sustained position for both SHMI and HSMR indicators. Structured Judgement Reviews showed high levels of good care and minimal avoidability.

Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SARs) evaluations had been completed with partnership feedback appraising the level of assurance as outstanding. Phase 5 of Right Care, Right Place was introduced on 18th November 2024 with no negative feedback received to date.

A Trust wide bed census was held in November 2024 involving MDT teams reviewing each bed space. The census identified that 98% of patients had a NEWs score of low clinical risk, with 63% of patients remaining medically active. It was determined by the reviewing team that less than 5% of patients could have been treated without a hospital admission.

Ninety five per cent of consultants had agreed a Job Plan with 84% fully signed off. The Job Planning round was due to open in January 2025 for plans to be updated. A recent RSM audit had highlighted good progress in embedding Levels of Attainment Standards and had identified a clear workplan for the next 24 months. The Trust had already secured the employment of 74% of the 50 graduate nurses due to qualify in 2024 who engaged with the Trust.

The Nutrition Virtual Ward (VW) had been invited to present at the West Midlands Intestinal Failure Network Meeting in February to disseminate the effectiveness of the VW and Nurse led services within complex nutrition.

The Trust was now providing a well-being Wednesday for all the Nursing, Midwifery and AHP students additional to our regular support sessions, to ensure students had a positive clinical placement.

Themes identified at Incident Decision and Learning Group were aligned with current workstreams including #NOF, Chest Pain and Diabetes. There was a reduction evident in SHMI related to #NOF.

Initiatives launched in November 2024 included 233 staff and public participating in 'restart a heart' campaign and a ward clinical accreditation programme was being piloted on two wards.

Work relating to Mental Health Act implementation continued with Black Country Healthcare NHS Trust agreeing to provide medical scrutiny of all section papers which was an outstanding gap.

A review of the Trusts compliance against the National Standards for Healthcare food and Drink has demonstrated that the organisation had met or partially met all domains. For those where improvements were required, an action plan was being generated in partnership with Mitie.

Filling bank shifts on days remained challenging with a high dependence on frequent use of corporate nursing and AHP teams. It was further exacerbated by additional beds in use within the discharge

lounge, super surge and additional patients on our inpatient wards. Additional oversight of risks and mitigations, quality and safety during the winter period would remain of critical importance.

The Chief Nurse Quality dashboard was now live. The new Matron inpatient audit, launched in September, had improved moving from red to an amber RAG rating, scoring 87.3% for November 2024. Actions were in progress to continue to address areas for improvement.

The Trust's annual Patient Led Assessment of the Care Environment (PLACE) took place in November.

Clinical Leadership Development sessions were continuing with Business Cases to be covered in December 2024. The first Clinical Directors induction was scheduled for 31/1/25 with a plan to roll out to other clinical groups throughout the new year.

A new Trust Uniform policy was launched in November 2024.

Trust staff had secured three awards at the Black Country AHP Awards held earlier in the year.

As of 2/12/2024, there were 132 medical students on placement at the Trust from a range of higher education providers including University of Birmingham, Aston, Three Counties and St Georges. Work continued with St Mary's University regarding the placement of students.

The Trusts Medical Training Initiative Scheme continues successfully with 55 MTI doctors currently working at the Trust. A further nine doctors were due to join the Trust in the next three months

A new cohort of 25 adult student nurses had started on the Dudley campus, with the Trust as the main practice partner and would look forward to them coming out on placement in a few months.

The EDDM team has been successful in their application to participate in a research project with Southampton University.

The Trust recently hosted an away day for all five Trusts across the Black Country to come together and review patient experience and outcomes for people with eating disorders admitted to acute care with a medical emergency.

The Trust was over threshold for *Pseudomonas aeruginosa* and *Klebsiella spp.* following the reduction in the thresholds by NHSE. The Trust was not a system outlier with local trusts also reporting increases across all HCAs. The Trust had reviewed all cases of BSI to look for any themes and trends concluding there are no apparent themes. An overarching improvement plan remained in place with good progress being demonstrated. A range of initiatives including masterclass delivery and the IPC Gloves awareness campaign continued

In an attempt to increase uptake, the winter vaccination programme was now offering a roving model to cover all wards and areas. At the end of October, the Trust's cumulative figures for Staff flu vaccination was 16.7% and Staff COVID-19 vaccination 11.0%. Maternity vaccination uptake at the end of October at the trust was 71.7%. Maternity pertussis vaccination rate at the end of October at the Trust was 57.3%. Despite intense publicity, the overall vaccination rate remained low in line with other system partners.

From October to November, there was a 27% increase in inpatient falls. Similarly, the number of falls as well as increase in falls resulting in moderate harm; possibly attributed to ongoing increased capacity pressures and the impact on staffing levels. Ongoing support was being provided to areas with high reporting.

Supervision to community midwives remained a challenge due to capacity issues within the service. With an ongoing focus to improve the position. Maternity Postnatal Ward have seen the biggest decline in percentage positive FFT scores from 78% in September 2024 to 59% in October 2024.

JHo thanked AH for his help in achieving the right to include University in the Trust's name. The Chair agreed that is represented a fantastic achievement for Dudley.

Future reports would be provided in a revised format based on deep dive findings. JHo confirmed that the March report would focus on the Darzi Report recommendations.

It was **RESOLVED** to

- Draw assurance from the work undertaken by the Chief Nurse and Medical Director's office, to drive continuous improvements in the provision of high quality of care and patient experience and contribute to the successful achievement of the Trust Strategy's objectives

25/09.2 Perinatal Clinical Quality Surveillance Report

CM and BM joined the meeting to present the Perinatal Clinical Quality Surveillance Report given as enclosure 12, including the matters for assurance, advisory and for alert:

The Trust's neonatal death rate in November 2024 was 0.73 (22 weeks gestation to 28 days post-delivery) and 0.24 (>24 weeks gestation to 28 days post-delivery). The national rate for neonatal deaths was 1.65 (MBRRACE 2023). The Dudley Group remained significantly below the national rate and all interventions relating to pre-term birth optimisation and early Neonatal care were ongoing.

There had been no negative change to the regional Maternity heatmap score during the current month.

There were three stillbirths reported in November 2024 that had resulted in a slight rise in the Trust's stillbirth rate to 2.68. The national stillbirth rate was currently 3.54(MBRRACE 2023). The national rate for Extended Perinatal Mortality was 5.19 (MBRRACE 2023) and in November 2024, the Trust's rate was 3.65, demonstrating an increase that still remained below the national rate.

One new patient safety response was reported in November 2024.

In response to the query from PF related to engagement response rates being red, CM confirmed that it related to the friends and family test and our ability to gain specific feedback.

JHo welcomed the clear report and acknowledged the exceptional outcomes and asked about maternal mortality. BM confirmed that there had been no cases of maternal death in the last 12 months. JHo asked about sepsis and VTE screening. BM confirmed that the sepsis pathway was fully implemented and VTE assessments were managed effectively.

MM commended the performance and welcomed the sustained improvements.

LH commented on the huge amount of innovative work that has been undertaken.

AP confirmed that the work was being taken to a national PSIRF seminar.

The Chair acknowledged the excellent report and thanked the team for their hard work.

It was **RESOLVED** to

- Accept assurance within the report against requirements of the Perinatal Quality Surveillance Model

25/09.3 Maternity Incentive Scheme Year 6 Report

CM and BM joined the meeting to present the Maternity Incentive Scheme Year 6 Report given as enclosure 13, including the matters for assurance, advisory and for alert:

The Maternity and Neonatal Team were declaring full compliance with all 10 safety actions relating to the Maternity Incentive scheme year 6. Evidence had been collated and held in a central MS Teams channel to reduce the chance of any issues or missing evidence should external verification be required. A deep dive was presented to the Quality Committee on Tuesday 17th December 2024 and accepted. A Board declaration was required to be submitted to NHS Resolution (NHSR) before 3rd March 2025.

MM confirmed that external audit colleagues have been asked to consider our evidence before full compliance was declared. CW confirmed that the financial incentive was worth approximately £700k.

The Board approved the submission providing assurances discussed were confirmed.

It was **RESOLVED** to

- Accept the assurance provided in the report as the Final position with Maternity Incentive Scheme Year 6, in readiness for its submission to NHSR before March 2025

25/10 To be a Brilliant Place to Work and Thrive

25/10.1 Workforce KPIs

KB summarised the report given as enclosure 14 and highlighted the following key areas for noting as assurance, advisory and for alert:

Normalised turnover (voluntary resignations) remained low, mirrored by a high retention rate. There was a renewed focus on retention for 2024/25 as part of the Trust's Recruitment and Retention journey within the People Plan, with focus on key retention strategies such as flexible working, stay interviews and exit data and culture, bullying and harassment.

A reception for the West Midlands Mayor and senior representatives from the West Midlands Combined Authority had been held to showcase the achievements of the ICan programme to date. There was significant positive feedback around the contribution to employment and economic impact (around £6 million pounds to the local economy) and also around the model of partnership working.

Both the rolling 12-month average and the in-month sickness % for November had increased reflecting seasonal illnesses. Sickness absence rates were RAG rated as amber being slightly above the tolerance level of 5%. The identified area of concern was short-term sickness absence with a task force established to address this.

Bank usage had been increasing month on month since April 2024, largely due to increased pressures through Acuity (increased 1:2:1's), staffing unavailability (sickness) being above tolerance levels and the opening of additional surge areas which were unbudgeted and not part of the establishment. Further work was in progress to improve grip and control across all staff groups.

For statutory and mandatory training, performance overall remained stable and above target with only a minor decrease in performance in month. There had been challenges in aligning the records of DIHC staff who transferred over. Work had continued to ensure it was completed before the three-month grace period that applied to new starters. Safeguarding Adults Level 3 had now recovered to pre-review levels in the summer and work continued to reach target on the subject. However, eight subjects across Safeguarding and Resuscitation were below Trust target(80.83% - 88.30%), work continues to support the divisions to develop and implement rectification plans.

In response to LW request for more information about level 3 Safeguarding training, KB confirmed that it had been broken down into yearly segments that had impacted performance. The item was a substantial piece of training that would be aligned to the ICB by 1st April 2025.

It was **RESOLVED** to

- approve the report and note the assurances provided and the alignment of training from 1st April 2025

25/10.2 Workforce Plan 2024/25

KB presented the Workforce Plan 2024/25 report given as enclosure 15 and highlighted the following:

Following the transfer of DIHC staff in October 2024, the substantive and agency plans had been increased by 211.78 WTE and 2.00 WTE respectively, accounting for the performance until the end of November that was significantly off target.

The Trusts performance in month 8 showed a variance against the total workforce forecasted M8 position is 405.76 WTE (above plan – compared to 393.99 above plan at M7). There had been an in-month movement of +11.77 WTE. Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, hosted posts, the impact of open surge beds/Midland Met/Winter Pressures and the total impact of ERF reduced the adverse WTE variance to 277.22.

Substantive workforce variance against workforce forecasted M8 position is 244.84 WTE (above plan – compared to 235.71 above plan at M7). There had been an in-month movement of +9.13 WTE. After adjustments, the variance was 210.38 WTE, with a cumulative overspend of £2.543m, of which £1.563m related to an accrual in lieu of the Band 2 to 3 CSW issue.

Bank workforce variance against workforce forecasted M8 position is 158.06 WTE (above plan – compared to 149.2 above plan at M7). There had been an in-month movement of +8.86 WTE. After adjustments, WTE reduced by 7 in November despite significant emergency pressures. Finances were now £4.458m overspent. Agency reduced in November by six but remained 2.86 WTE over plan resulting in a cumulative overspend of £403k.

Agency workforce variance against workforce forecasted M8 position was 2.86 WTE (above plan – compared to 9.08 WTE above plan at M7). There had been an in-month movement of -6.22 WTE. There was a cumulative overspend of £403k. Overall, agency remained very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The spend related to medical staff with a consultant agency comprising 68% of the total November spend. There were high costs for Anaesthetics, Elderly Care, ED, Dermatology and Breast Screening.

The workforce forecast would not be achieved across 2024/25, pay pressures were being negated by improved income performance. October produced a significant over-performance on ERF with performance now £9.752m above the NHSE target (the first five months have been officially confirmed by NHSE at £6.263m). It was initially forecasted to see a reduction from 6289.95 in March 2024 to

5943.40 WTE in March 2025 a total reduction of 346.55 WTE (across substantive, bank and agency – not including DIHC).

There was a revised forecast of 6521 WTE (across substantive, bank and agency – including DIHC). Considering the transfer of 200.90 WTE from DIHC, the forecast showed an increase of 30.15 WTE (across substantive, bank and agency), Midland Met (MMUH) mitigations, income-backed posts (additional to plan) and increased Deanery doctors would account for 34.92 WTE of the increase.

It was forecast there would have been a 74 WTE increase in bank since April 2024, 90 WTE of which was attributed to MMUH mitigations, additional activity (ERF) and surge capacity challenges.

A full data pack was located in the further reading pack associated with the meeting.

The Chair noted the missed the target and asked what could be done before the end of March to get closer to plan and what could we learn from the position. KB commented that the plan was late in development and could potentially happen again due to the delay in receiving operating guidance. There were increased control for both bank and vacancies that would impact numbers in Jan to March. It was likely that other options would need to be considered such as MARS and voluntary redundancy schemes. Given the Trusts high retention rate, the required numbers would not be achieved by natural.

The Chair flagged the importance of understanding what numbers would work for the organisation. KB confirmed that work was underway to understand our baseline position. DW stated that there must be a fair comparison as other trusts did not include staff numbers linked to waiting list initiatives.

It was **RESOLVED** to

- to approve the report and note the assurances provided

25/11 Build Innovative Relationships in Dudley and Beyond

25/11.1 Primary Care Developing Services

Jenny Cale, Place Director of Operations and Kellie Lennon, Place Division, Divisional Chief Nurse, joined the meeting to present on Continuing Health Care and the Intermediate Care Team and highlighted the following:

- Adult Continuing Health Care
 - Team of 28 based at Tiled House supporting the most complex patients in the Community.
 - NHS mechanism of services arranged and funded by the NHS for people outside hospital with ongoing care needs.
 - National Framework and Eligibility Considerations outlined where screening for Eligibility could be completed by a nurse, doctor or social worker
 - Key Indicators of Primary Health needs
 - Core values and principles
- Intermediate Care
- Children and Young Peoples NHS Continuing Care Framework, small team of 4 staff
 - Care arising from disability, accident or illness to a young person under the age of 18
 - Must have a holistic approach
 - 10 Domains and not all life-limiting or complex conditions are eligible
 - Child and family centred assessment, personalised health budget
 - Differences between children and adults CHC

There were ongoing discussions with the local authority around their challenged budget. In response to questions from JHA and the Chair, more information was provided about governance and the appeals process noting that the sat at an ICB level.

The Chair commended the remarkable services provided and thanked the team for their work.

It was **RESOLVED** to

- to note the presentation

25/12 Governance

25/12.1 Trust Constitution Review

HB presented the Trust Constitution Review Report given as enclosure 16. The Board noted that the Trust's constitution was 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 had been subject to review by law firm, Hill Dickinson LLP who have provided their advice. The Board noted the summary of minor changes which had been endorsed by the Council of Governors at the meeting held on 19th December 2024 and the University Hospital status would require a Constitution update and would require approval at the Annual Members Meeting.

It was **RESOLVED** to

- endorse the recommendations in the report

25/12.2 Trust Seal Report

HB presented the Trust Seal Report given as enclosure 17 noting that in line with the Trust's Constitution, the Board Secretary ensured that an entry of every sealing is recorded and numbered consecutively in a book provided for that purpose and signed by the persons who have approved and authorised the document and those who attested the seal.

The Seal of the Trust was fixed to documents authorised by a resolution of the Board or otherwise under the authority of the Board as delegated. A report of all sealing was made containing the details of the seal number, the description of the document and date of sealing.

It was **RESOLVED** to

- note the usage of the Trust Seal in the period September to December 2024

25/12.3 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) given as enclosure 18 highlighting that RSM had completed an annual audit that considered the design and the application of the control framework. They had issued their findings and identified a number of management actions that would be the focus for further BAF refinement.

Each of the Committees articulate their assurance levels for each BAF risk for which they have oversight. The approach informed the agenda and regular management information received by the lead committee. Of the nine risks listed, committee assurance ratings had not changed from the previous summary report:

Eight (was eight) assigned a 'positive' rating
One (was one) assigned an 'inconclusive' rating
None (was none) assigned a 'negative' rating

In response to a query from LW about the 'inconclusive' committee assurance for BAF 1.1, LH commented that it was a very wide risk and would be revisited at the next Committee meeting. JHa added that there was assurance around the risk management framework as noted in the RSM report.

It was **RESOLVED** to

- approve the updates since the last meeting and note the ongoing work to embed effective risk management

25/13 Any other Business

There was none raised.

25/14 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 13th March 2025.

25/15 Meeting Close

The Chair declared the meeting closed at 13:30 hr.

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Sir David Nicholson

Chair

Date:

Enclosure 1a

Action Sheet
Board of Directors Held 9th January 2025
PUBLIC SESSION

Item No	Subject	Action	Responsible	Due Date	Comments
25/02	Staff and Patient Story – Wellbeing	Update on the Wellbeing Journey, to include the wellbeing offering to other staff groups	K Brogan	tbc	

Paper for submission to the Public Board of Directors on 13 March 2025

Report title:	Public Chief Executive Report
Sponsoring executive:	Diane Wake, Chief Executive
Report author:	Alison Fisher, Executive Officer

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

Assure

- Dudley Place Update

Advise

- Operational Performance
- Black Country Provider Collaborative
- Planning Guidance for Cancer
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

2. Alignment to our Vision

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

3. Report journey

Board of Directors

4. Recommendation(s)

The Public Trust Board is asked to:

- Note and discuss the contents of the report

5. Impact

Board Assurance Framework Risk 1.1		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		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation

Dudley Place Update

Dudley Health and Care Partnership is a collaborative arrangement formed by the organisations responsible for arranging and delivering health and care services in Dudley. It is a partnership of equals supported by a Programme Director who drives the work programmes and the delivery of a shared set of objectives which puts local people, patients and communities at the centre of our work and our decision-making.

The Partnership's mission is to provide health and care in the “**Community where possible; hospital when necessary**” by working together, connecting communities, enabling coordinated care for our citizens to live longer, safer, healthier lives.

Our multi-disciplinary clinical teams have come together in neighbourhood “Community Partnership Teams” (CPTs) to make our model of care a reality. Community Partnership Teams wrap around the population in all six of our Primary Care Networks and focus on people who have complex multi-morbidity long-term conditions, very often with frailty to support them in their own homes or usual place of residence. This will mean people will only go to hospital when their care or treatment can't be provided at home or as close to home as possible. We are currently in the process of mapping our Community Partnership Teams provision against the planning guidance ([NHS England » Neighbourhood health guidelines 2025/26](#)) and working with colleagues in the ICB to evaluate the impact of the Community Partnership Teams.

Work Programme Updates

- The [2024/25 operational planning guidance](#) asked integrated care boards (ICBs) to “establish and develop at least one women's health hub in every Integrated Care Board by the end of December 2024 in line with the core specification, improving access, experience and quality of care.” In Dudley there were already strong foundations in both primary and secondary care, so our proposal built additional capacity in community-based settings across the Dudley borough closer to home for Menorrhagia (Heavy menstrual bleeding); Menopause; a Women's Health Hub Educational Programme and Educational Programme for Primary Care Clinicians. In January we launched the Black Countries Women's Health Hub in Dudley after securing funding from the Integrated Care Board. The model aims to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities. We are offering nonclinical elements of the service at the heart of our communities in our Family Hubs with 22 women attending our first Menopause Café in Coseley.
- In February we refreshed our Housing and Health Forum with four social housing providers attending the first meeting. Working with sustainability colleagues from the Trust and clinical colleagues in paediatrics we have committed to develop an action plan to include the warm home schemes and actions to reduce asthma; supported by the Trust's newly appointed Family Support worker, funded via the George Collier Memorial Fund.
- Dudley Community Information Directory (DCID) (www.dudleyci.co.uk) is an online platform, hosting a searchable directory of local activities, services and events. Dudley Community Information Directory is a fundamental component to support self-care and navigation of the system by residents and can also be used by health care practitioners to signpost, refer and engage with community groups. Over the summer the Trust supported a review, refresh and

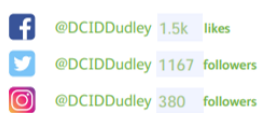
re-launch of the website to include producing a 2 sides postcard (below) and displaying information on the Trust screen saver.

DUDLEY COMMUNITY INFORMATION DIRECTORY

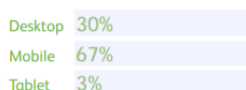
DECEMBER 2024



SOCIAL MEDIA



PERCENTAGE OF HITS FROM DEVICES



TOP 10 SEARCHES

- 01 Christmas bin & recycling
- 02 Enchanted adventure
- 03 Household Waste (tip)
- 04 Safe Places Scheme
- 05 Sedgley - Christmas lights
- 06 What's on
- 07 Enchanted dog friendly
- 08 Dudley Christmas market
- 09 Bins and recycling
- 10 Dudley Council Plus

Dudley Libraries Community Information Service
Tel: 01384 812965 Email: dudleycommunity.directory@gll.org

dudleyci.co.uk

- Dudley Health and Care Partnership Board has discussed and contributed to refresh of the Integrated Care Partnership (ICP) strategy and the roadmap to produce the Joint Forward Plan Strategic Summary. The Integrated Care Partnership has refreshed its terms of reference and membership and moving forward Kat Rose (Chief Integration Officer) and Neill Bucktin (Dudley Managing Director, Integrated Care Board) will become core members of the Integrated Care Partnership going forward.

- The Black Country is one of 15 areas chosen as a pilot area for the WorkWell scheme which will provide early intervention to people who are experiencing barriers to gain or retain employment due to health conditions or disabilities. It aims to support 4,000 local people on their journey to gain employment or retain jobs, providing them with the support to start, stay or succeed in work. The scheme went live in October. Following a conversation with a GP from Halesowen, MP Alex Ballinger has asked to visit the scheme, with a meeting arranged for April.
- Dudley's Primary, Community and Secondary Care Interface Group continue to strengthen relationships between partners. An interface "Inbox" launched on Oct 1st, 2024, and during the first quarter received 125 queries of which 102 have been closed. 5 themes have been identified (below) which were all principles included in the Dudley Principles of Collaboration which were published in Spring 2024.

Five Themes:

1. **Communication:** we will ensure robust systems are in place for patients to receive results of investigations, and that they understand what is going to happen. Where actions are required by the GP it is clear and easy to identify in correspondence.
2. **Follow up:** we will ensure patients are kept fully informed regarding their care and what is going to happen next.
3. **Better management of shared workload:** we will avoid asking general practice to organise specialist tests and whoever requests a test is responsible for the results of that test
4. **Med 3/ Fit Notes:** If patients need a fit note (sick note) we will provide one and ensure that this is for an appropriate period rather than a standard 2 week note by default
5. **Referral Forms/EMIS templates** – will be pre-populated, when possible, named appropriately and up to date.

The first workshop for clinicians regarding "better management of shared workload" is planned for March.

Operational Performance

Recovery & Restoration / Operational Performance

January has shown continued improvement in the RTT performance, with zero 65-week breaches reported for the month.

52-week performance remains good. We continue to overachieve against trajectory, with the end of December position being 570 pathways ahead of plan.

Ambulance Handover

This month's activity saw 8,790 attendances. This has decreased when compared to the previous month of December with 9,337. 11 out of the 31 days saw >300 patients.

3031 patients arrived by ambulance; this shows an increase from the 2948 ambulances that attended last month.

601 of these offloads took >1hr (20%). This shows an improvement when compared with last month's performance of 33%.

Black Country Provider Collaborative

The following are the key messages from the 3rd of February 2025 Black Country Provider Collaborative (BCPC) Executive meeting.

A. IMPROVEMENT

- **Clinical & Operational Productivity** – The Collaborative Executive were provided a brief update on the following key items:

- **Black Country Provider Collaborative Financial Recovery Programme delivery update** – During Month 9 System Finance lead has worked with partner Trusts to maximise recurrent Cost Improvement Programme delivery with efforts not having the desired impact, with an adverse underlying position (£355m forecast, compared to £235m in Financial Recovery Plan - £121m adverse to Financial Recovery Plan).

Detailed assessment to be undertaken following month 10 reporting with a refresh of the suite of I&I Key Performance Indicators during February to ensure these continue to add value.

Month 9 data is showing a reduction in headcount (mainly due to bank and agency usage) overall for the first time. Cost of workforce continues to reduce, the number of vacancies is increasing, and number of vacancies going through panels is reducing.

Positive work in other areas such as Medicines Management (focus on Cardiology and Ophthalmology), with many other opportunities emerging (e.g. New to Follow Up ratios, Discharges to Patient Initiated Follow Ups, Theatre Utilisation rates) that are being targeted further.

- **'Delivery Partner'** – Steady progress is being made to procure and secure a Delivery Partner, with the procurement team now actively engaged. A presentation to the Black Country Provider Collaborative Joint Provider Committee will provide an update on the following:
 - Revisit the agreed focus areas
 - Share the potential for scale through the recent Productivity Opportunities
 - Take through JPC through a 'worked example' from a neighbouring system
 - Outline the procurement process options
 - Outline key governance issues – sign-off processes, and delivery management arrangements

Governance arrangements will require Black Country Integrated Care Board and NHSE sign off, with the current specification currently remaining as a Black Country Provider Collaborative only approach to a 'Delivery Partner'.

B. TRANSFORMATION

- **Corporate Service Transformation (CST)** – The second and third Corporate Service Transformation Programme Engagement Workshops were held on Monday the 18th of November 2024, with over 70 delegates in attendance and Workshop 3 on Monday 27th January 2025 with 80 delegates in attendance including both Chief Executive Officers and staff side / trade union representatives.

Preparations are in development for the forthcoming last Engagement Workshop together with an insight on key next steps, the development of a 'Case for Change' which will support the preparations for the development of a Full Business Case.

In parallel, work will commence shortly to firm up the legal framework for the establishment of the agreed strategic vehicle, previously agreed as a Managed Shared Service through a Joint Contractual Venture.

Key messages from the engagement workshop continue to be consistently communicated to all partners and associate partners for active dissemination to their staff, though concerns remain as to how deep this permeates through our workforce.

- **BCPC Service Transformation ‘Roadmap’** – The Black Country Provider Collaborative Managing Director presented a short paper (requested by Joint Provider Committee) outlining a ‘Road-map’ for key clinical transformation activities over the course of 2025/26.

These have been driven by the work of the Black Country Provider Collaborative Clinical Networks, aligned to some opportunities emerging through national capital resources. Some initial high-level activity, finance, and workforce implications have been provided to all partner Trusts for use in their 2025-26 planning considerations.

Business cases are now being developed for all of the identified strategic developments (Black Country Elective Hubs, Black Country Breast Unit Consolidation, Black Country Breast Reconstruction service, Black Country Bariatric Centre, and some repatriation of services) in addition to a public involvement exercise commencing and positive dialogue with commissioners commenced

C. STRATEGIC & ENABLING PRIORITIES

- **Elective Hubs** – Work continues through the two leadership teams on the development of robust short form business cases for the establishment of the Black Country Elective Hubs (South & North).

Some flexibility has been identified within the recent Capital resource allocations but will still require rigorous review for approval. It is anticipated that this will be sufficient to enable the commencement of the Black Country Elective Hub (South) in the first instance as this proposal is closer to being operational ready.

- **Pharmacy Aseptic Service Transformation** – The Collaborative Executive received an update from the Black Country Provider Collaborative Pharmacy Lead and Pharmacy Aseptic Project Manager on the progress with the development of a tender to secure a partner to undertake a feasibility study for a Black Country wide Aseptic service.

Work remains on track to secure a preferred supplier by Q1 2025/26 able to progress the feasibility study and subsequent outline business case with appropriate tender costs.

- **Workforce workstream** – The Collaborative Executive heard from the Black Country Provider Collaborative Workforce lead on the positive range of progress being made, which includes:
 - Early discussions by the Medical Bank Rate Working Group commenced to align medical bank rates.
 - Agreement to align on Non-Medical Bank rates at the entry level by the 1st April by all partners, though there is likely to remain some ‘noise’ in the system as we transition.
 - Work progressing at pace to implement an agreed arrangement for Clinical Bands 2 & 3, with work to harmonise job descriptions for Clinical Bands 4, 5, & 6 continuing through the Chief Nurse Officers’.
 - A scoping exercise has been undertaken to identify ‘hard to fill’ positions, currently identified as Elderly care, Allied Health Professionals (AHPs) and Pharmacy. This will be reviewed on a frequent basis to reassess the situation.

- Work on policy alignment across the four partner Trusts continues, with a request to identify and prioritise key policies to be received by Chief Executive shortly. One key policy in the final stages of review is that of “Management of Change” policy, which will be key in supporting the mobilisation of the Corporate Service Transformation Programme work

Planning Guidance for Cancer

The guidance sets out the key requirements for the NHS in the year ahead.

For cancer, there are two specific areas of focus:

- Improve performance against the headline 62-day cancer standard to 75% by March 2026
- Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026

Systems are also expected to continue to focus on performance against the cancer waiting time standards, driving further improvement by:

- maximising care for low-risk patients in non-cancer settings, including maintaining the faecal immunochemical test (FIT) in lower GI pathways, low-risk pathways for post-HRT bleeding, and breast pain only pathways
- improving the productivity in cancer pathways including tele dermatology in urgent suspected skin cancer and nurse or allied health professional (AHP)-led local anesthetic biopsy in the prostate cancer pathway

Systems will also work with Cancer Alliances to drive these improvements. West Midlands Cancer Alliance are producing a separate Cancer Plan for 2025/26 to support these improvements.

The Planning Guidance also refers to a new NHS Operating Model; 10-year NHS Plan and a separate Cancer Plan; all of which will be published during 2025/26.

Included in the reading pack is benchmarking data for Black Country Pathology Service and also performance overview against key cancer standards.

Charity Update

Black Country businesses came together to show their support for their local hospital charity and raised a whopping £17,570 for the dementia appeal.

For the fourth year the Dudley Group NHS Charity, part of The Dudley Group NHS Foundation Trust, hosted their iconic annual Glitter Ball on Thursday 14th November 2024 at the Copthorne Hotel in Dudley. Gathering local businesses together, the evening offers the opportunity for attendees to raise funds for the charity and network with other like-minded Black Country businesses.

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. The Mobii is designed for patients at all stages of dementia and can be taken anywhere it is needed.

Glitter Ball 2025

This year's Glitter Ball will be taking place on the 25th of September at the Copthorne Hotel in Brierley Hill, Dudley. We will be raising vital funds for the charity's cancer appeal, which supports patients who are living with cancer.

The charity is appealing to businesses to sponsor or attend our event, if interested please contact www.dgnhscharity.org

Charity Christmas

Christmas Lights Switch On

In December, the Christmas lights were switched on at Russells Hall Hospital by chief nurse, Martina Morris, the Dudley Group NHS Charity mascot Aati the friendly fox, and two-year-old patient Imayna-Jayne. The Christmas tree itself was donated by the Trust's PFI partners Mitie and Summit Healthcare.

We also saw our annual Christmas market return, with the stalls hosting around a dozen different businesses outside the main entrance for the day, including baked goods, handmade jewellery, sweets, candles and much more!

The charity hosted a brilliant tombola and hub sale in the main reception, raising almost £1,000 over the course of the day.

Christmas Chocolate Appeal

The Dudley Group NHS Charity launched their first Christmas chocolate appeal in September. Thank you to the generosity of organisations like; Dudley Lions, Altera Digital Health, Lloyd's Banking Group, Dudley College, Pure gym and many other members of the local community, for their wonderful contributions. The charity has been overwhelmed by the appeal's success with over 1,150 chocolate selection boxes donated.

Charity Christmas Card Competition

The Dudley Group NHS charity launched a Christmas card competition in September 2024 and received over 70 entries for the competition. Both Sienna Francis, aged 9 and Beth Pearce, aged 15 designs were chosen and their designs were produced into packs of six Christmas cards on sale for a donation of £4. The card sales had been so successful that the charity had completed sold out of the amazing designs.

Past Patient Raises Thousands for Local Dudley Charity

The Dudley Group NHS Foundation Trust's Breast Care Unit at Russells Hall Hospital welcomed fundraiser and previous patient Gina Gray, she is a wedding photographer by trade.

She presented a cheque for an incredible £10,000 donation to the unit's charitable fund which is part of the Dudley Group NHS Charity. Gina raised this fantastic amount by hosting an event at the Copthorne Hotel attended by over 500 women, she wanted to show her appreciation for the care she received while undergoing treatment earlier this year.

London Marathon 2025 – Meet our #TeamDudley runner

On Sunday, 27th April 2025, 50,000 runners will have the chance to be a part of one of the biggest marathons staged anywhere in the world, the TCS London Marathon. Our amazing runner, Adam will be fundraising for our charity over the next few months, and we will be profiling his journey and supporting him with his fundraising efforts #TeamDudley.

Adam has decided to raise funds for the Dudley Group NHS Charity by supporting the baby loss and bereavement team, he said “they provide such an important service at such an incredibly difficult time for families so to be able to help raise funds for resources for them would be fantastic opportunity”. To support and donate please visit –

<https://2025tcslondonmarathon.enthuse.com/pf/adam-cotterill>

Refurbished Paeds ED Cubicle

Colleagues from across the Trust gathered for the launch of the newly refurbished Cubicle 4 in the Children’s Emergency Department at Russells Hall Hospital. A £10,000 grant to the Dudley Group NHS Charity from the Tesco Bags of Help scheme has funded the refurbishment of Cubicle 4 transforming it into a calming sensory space to help calm and distract our younger patients.

A professional wall art company was employed to create the main visual for the space. It’s leafy, jungle theme incorporates a ‘how many insects can you find?’ element where patients can search the walls looking for the ladybirds and grasshoppers. The grant also paid for sensory equipment such as bubble tubes and mood lighting.

The Dudley Group NHS Charity is now fundraising to refurbish more cubicles. If you would like to donate and get involved, please contact the fundraising office: dgft.fundraising@nhs.net

How anyone help our charity?

We have many events running throughout the year. It’s never been easier, or more fun, to support our charity. Join us and you will be helping to enhance patients’ visits and overall experience, making all the difference to their health and wellbeing, visit www.dgnhscharity.org/get-involved/events

Hop into the spirit of Easter with the Dudley Group NHS Charity’s Easter Egg Appeal! For the second year running, we’re spreading joy to patients across The Dudley Group NHS Foundation Trust and we need you to help make it happen!

We’re calling on the local community to donate Easter eggs so that every patient gets to unwrap a sweet treat this Easter. Imagine the smiles as they enjoy a little chocolatey happiness during their stay!

Let’s come together to make this a truly egg-cellent celebration! All donations need to be in delivered by Friday April 4th, so we can ensure every patient receives their Easter egg.

Ready to spread some joy? Reach out to us at dgft.fundraising@nhs.net to donate and make Easter extra special for our patients!

Help fund a Mobile Sensory Trolley for our young patients on the children’s ward who have special needs, autism and sensory processing difficulties. It also helps anxious children before surgery and those who are too poorly to play in the ward’s playroom.

The mobile sensory trolley is a uniquely portable kaleidoscope of colour, sound and touch, it is jam-packed with stimulating sensory potential. It’s portable, practical, and a perfect space-saving sensory aid; it can be wheeled between classrooms and through wards whilst creating a warm sensory glow.

Every donation, no matter how small, will make a significant impact to find more visit www.justgiving.com/campaign/portablesensorytrolley

Healthcare Heroes

Individual awards



Imogen Hughes

Imogen was nominated by a colleague who said she always goes above and beyond in her role. They mentioned how she has played a huge part in the set up of a brand new Medical Photography Dermatology Clinic at Corbett Outpatients Centre; ensuring that it runs smoothly and treats patients in a timely manner.



Katie Johnson

Katie was nominated because of her unwavering dedication to ensuring that even the most complex patient discharges from hospital are handled with compassion, efficiency, and a patient-centred approach.

The nomination also noted how her compassion and empathy shine through in every interaction, creating an environment where patients and their families feel heard and supported.

Recently Katie demonstrated exceptional leadership and commitment by supporting her team to successfully deliver 70 complex hospital discharges within a tight timeframe.

Team awards



Jade Norton and Lucia Sabel - Lung Cancer Nursing team

They were nominated for being instrumental in supporting the setting up the Lung Cancer Screening programme, which started in Dudley in August designed to detect lung cancer earlier.

Both of them have patient wellbeing at the forefront of what they do and have gone above and beyond to ensure that the screening review meetings run smoothly and that patients are treated in a timely fashion.



Forget-Me-Not unit

The unit was nominated by a patient's relative who noticed how dedicated they are to looking after patients with dementia with care and respect. The relative talked about how the unit cared for her relative with patience and understanding, especially when he became agitated at one point during his stay.

They also mentioned how calm and understanding the team were and that it didn't phase them how long it took to get the patient up and moving about; when he finally did it they showered him with positivity and kindness which then changed his mindset completely.

Patient Feedback

Pain Management - The doctor was amazing and addressed my concerns and any issues I had.

Physiotherapy - The department was very clean and kept tidy. The physiotherapy staff were approachable and friendly which put me at ease.

Neonatal - Team were attentive and friendly. Happy to support and answer any questions which was valuable in this circumstance.

Acute Medical Unit - The response was excellent, urgent lifesaving treatment received immediately and the whole team were amazing.

GI Unit - The staff were warm and friendly. I felt like I was being looked after from the moment I turned up at reception to the moment I went home.

ENT - Very friendly and professional staff. The consultant was very honest and explained my condition and how we can manage it.

Ward C1 - I can't praise the nursing and support staff highly enough, they were attentive to my father's needs, they were all wonderful.

Dudley Adult Bladder and Bowel Service (DABBS) - Very friendly and informative, lots of information given and easy to understand.

Daycase Unit, Corbett - Staff were all friendly and made me feel at ease. Also kept me comfortable regarding other medical conditions.

Awards



Chief Nursing Officer Award

The Dudley Group NHS Foundation Trust is proud to announce that one of our colleagues has received a prestigious award from the chief nursing officer for NHS England.

Lisa Birch, who works at Russells Hall Hospital in Dudley, as a healthcare clinical support worker [HCSW], received the award for her commitment to outstanding patient care.

The annual Chief Nursing Officer awards and Chief Midwifery Officer awards are a national award scheme where staff from across the NHS in England are encouraged to nominate their colleagues in a variety of categories. The awards recognise the contributions of nurses, midwives, healthcare support workers (HCSWs), and maternity support workers (MSWs) who consistently demonstrate NHS values in their roles, and to shine a light on the incredible work they do every day.

Lisa, who works on the Critical Care Unit at Russells Hall Hospital and has done so, for more than 15 years was awarded in the 'working together for patients' category, highlighting her commitment to providing an outstanding level of patient care.

Visits and Events

9 January	Dudley Group Public and Private Board of Directors
10 January	Local MPs Monthly Briefing
13 January	Black Country Provider Collaborative Executive
13 January	Get it Right First Time Further Faster 20 Senior Responsible Officers
13 January	Black Country ICB Chief Executive Officers
15 January	Black Country Regional Performance Tier Call
17 January	NHSE Midlands Operating Model Workshop
20 January	Black Country Integrated Care System Cancer Board
20 January	Black Country Elective and Diagnostic Strategic Board
21 January	NHSE/ICB Dudley Group Oversight and Assurance meeting
22 January	NHSE Midlands Regional Director monthly update
23 January	Agency Price Cap Compliance Oversight Group
23 January	Black Country ICB Financial Recovery System Oversight Group
23 January	Aston University Health & Life Sciences Advisory Board
24 January	Black Country Provider Collaborative Clinical Council
27 January	Black Country Provider Collaborative Corporate Services Transformation Workshop
28 January	Black Country System Chief Executive Officers
29 January	Black Country Regional Performance Tier Call
30 January	Black Country Integrated Care Board
31 January	NHSE Midlands 2025/26 Priorities and Operational Planning Guidance Roadshow
3 February	Black Country Provider Collaborative Executive
7 February	Black Country Provider Collaborative Joint Provider Committee
11 February	Black Country System Chief Executive Officers
12 February	Black Country Quarterly System Review
13 February	Dudley Group Board Development Workshop
17 February	Black Country Integrated Care System Cancer Board
18 February	Get it Right First Time Further Faster 20 Senior Responsible Officers
19 February	Principles of Health Command Training
25 February	Black Country Integrated System Leadership event
26 February	Black Country Elective and Diagnostic Board
27 February	Finance and Performance Committee

Paper for submission to the Board on Thursday 13th March 2025

Report title:	Public questions
Sponsoring executive:	Sir David Nicholson, Chairman
Report author:	Helen Board, Board Secretary

1. Summary of key issues

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

In the current year, the Board of Directors (public session) has moved to holding its meetings in a face-to-face format. The agenda and meeting papers were circulated to the members of the Council of Governors. Additionally, a link to the Trust website and information providing the location of the agenda and papers has been provided to our local MPs and foundation trust members.

We provide a facility for governors and members of the public to submit any questions they may have to the Board for consideration. We ask that questions should be kept brief and to the point and sent to the following email link dgft.foundationmembers@nhs.net

Questions received:

Fred Allen, Foundation Trust Member

Q. What steps the trust is taking to improve the patient discharge from hospital. This appears to be a national problem”.

A. Discharge from hospital remains a national problem and is something that we do struggle with at Dudley, this is something that is influenced significantly externally but there are also many things that we can do internally to improve the situation. The Trust has hosted a number of Multi Agency Discharge Events (MADE) which involved the local authority, ICB and other partner agencies in expediting patients discharge from hospital with appropriate provision in the community; the most recent of these was focused on the Surge and Discharge Lounge areas. All medically fit for discharge patients are tracked carefully by the discharge facilitation team when care input is required and where there are delays in this being provided escalations are made to the relevant authority.

The Trust has also worked in partnership with How to Find a Care Home to bridge packages of care with confirmed start dates in the community to enable them to leave hospital prior to the care commencing, this launched week commencing 3rd March and is working well so far.

Lance Cartwright, Spokesman for the Corbett Meadow Action Group (CMAG)

Q. On 14th September 2023 the Board was informed that the contract with Persimmon (which includes Charles Church Homes) to promote residential development of Corbett Meadow had expired (see Minute 23/66 <http://www.dgft.nhs.uk/wp-content/uploads/2023/11/Agenda-Papers.pdf>).

Weeks later in December 2023, representations on the Draft Dudley Local Plan were submitted on behalf of Charles Church and the NHS Trust promoting residential development of the Meadow; and in November 2024 further representations (published on 14th February 2025 when the Plan was submitted for Examination) were submitted on the Publication of the Dudley Local Plan, again on behalf of the Trust and Charles Church, and again promoting residential development of the Meadow <https://online.dudley.gov.uk/reg19reps/401-Dudley-Group-NHS-Foundation-Trust.pdf>.

i. Who authorised the commissioning and submission of these representations on behalf of the Trust?
 ii. What was the cost to the Trust, if any, for commissioning and submitting these representations?
 iii. Were all Board members individually or collectively aware of this commission, and do they accept responsibility for it?
 iii. Will the Trust, either in its own right or through another party, be pursuing these representations at the now ongoing Examination of the Dudley Local Plan?”

A. Responses given below following original number order.
 I. The Dudley Group NHS Foundation Trust Board of Directors.
 II. Nil.
 III. Yes.
 V. Yes.

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 March 2025

4. Recommendation
 The Public Trust Board is asked to:
 a) **Note** the questions received and response provided.

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2024/25 and beyond
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 Board of Directors on 13 March 2025

Report Title:	Integrated Committee Upward Assurance Report
Sponsoring Executive:	Gary Crowe, Deputy Chair
Report Author:	Gary Crowe, Deputy Chair Helen Board, Board Secretary

1. Summary of key issues

This paper outlines the key points of assurance, escalation, work commissioned as a result of discussions held and any decisions made from the Board Committee meetings held during January and February 2025.

The committee chairs quadrant upward reports from – Finance & Productivity, Quality, Workforce and Integration Committees, are contained within the further reading pack associated with this meeting.

Assure

Each of the committees paid close attention to a range of items and have noted positive assurances in relation to the Trusts assessment against the Darzi review recommendations, progress made with the maternity delivery plan and the performance improvement seen with the Black Country Pathology Service.

Similarly, reasonable assurance was assigned following close scrutiny of the national reporting related to Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender pay gap and the Equality Delivery System that continues to illustrate the focussed efforts of the Trust.

Given the considerable levels of non-elective and elective activity over the winter period, performance against constitutional and performance standards was commended and underlined by an overall positive report back from the Surgery, Women and Childrens division

Substantial assurance was assigned for cyber security management noting the Trusts approach to developing and implementing robust plans.

Advise

An upward report from the following committees is contained within this report providing more information

In considering the performance against the workforce forecast, committees were able to assign reasonable or partial assurance and noted the 3.5% variance from plan for substantive workforce reduction after allowing for MMUH, Income back developments and deanery doctors.

Good progress was noted related to developing and maturing relationships with Place partners with Community Partnership Team (CPT's), which is our local Neighbourhood teams model, having continued to transform and with Respiratory focused CPT's embedding across all six Primary Care Networks to support pressures in the system over winter.

Pre-release data unfortunately indicates a rise in Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratios (HSMR), especially for stroke and sepsis. Fractured Neck of Femur position continues to improve.

The Perinatal Quality Surveillance Dashboard is closely scrutinised by the Quality Committee and a summary of the key information that the board are to be sighted on is contained as an appendix within the chair upward report given in this document.

Alert

The Winter Plan under delivered in respect of additional beds delivering 28 against the performance of 96. Noting the considerable demand on emergency services, challenges with patient flow requiring the opening of circa 67 additional 'surge beds during the winter months with associated extra staffing, the negative impact finances continue to present a challenge to all divisions who will need to apply strict grip and control in the final months of the year in order to achieve the agreed financial plan.

The impact on quality has continued to be closely monitored by the Quality Committee where it was agreed to escalate the matter of the lack of sustained improvement for observations and the increasing numbers of pressure ulcers and pursue more detail to focussed scrutiny on these matters in Committee.

NHS England have committed to removing Reinforced Autoclaved Aerated Concrete (RAAC) from its estate and feasibility reviews are underway to determine the impact on the Russells Hall Hospital site which is expected to be significant.

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 March 2025. Committee meetings held January and February 2025

4. Recommendation

The Public Trust Board is asked to:

a) **Note** the assurances provided by the Board Committees, the matters for escalation and the decisions made.

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

Enclosure 4a & b

Joint Provider Committee – Report to Trust Boards

Date: February 2025

Agenda item:

TITLE OF REPORT:	Report to Trust Boards from the 15 th of November 2024 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 15 th of November 2024 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and all three CEO's. Key discussion points included: a. A progress update from the BCPC CEO Lead with a particular focus on progress with FRP delivery, pursuit of Elective Hubs as part of Elective recovery, and key forthcoming events. b. Progress update on the Corporate Services Transformation work, with a focus on the preparations for the second Engagement Workshop. c. Agreement on the key parameters for the 'Delivery Partner' specification, which is to be progressed asap.
RECOMMENDATION(S):	The partner Trust Boards are asked to: a) RECEIVE this report as a summary update of key discussions on the 15 th November 2024 JPC meeting. b) NOTE the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 15th of November 2024 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 15th of November 2024. The meeting was quorate with attendance by the Chair, three CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
 - Month 7 data was not yet available but early signs were that delivery against FRP delivery trajectories had deteriorated. Mitigation plans which seek to rectify this position were to be urgently reviewed.
 - In light of the recent budget announcement, The BCPC is actively working to develop and establish two proposals for Black Country Elective Hubs (North and South) which would be through a Short Form Business Case. The deadline for submissions is expected to be February 2025, with delivery of the capital build and commencement of service expected with the 25/26 financial year.
 - Preparations underway for two key events prior to Xmas – The Clinical Summit scheduled for Friday 29th November and the Joint Board Development Workshop scheduled for Friday 20th December. Both are anticipated to be very well attended with stimulating programmes for the day.

b) Items for Discussion

- **Corporate Services Transformation** – Positive progress continues to be made with the second Corporate Services Transformation Engagement Workshop planned for Monday 18th November 2024.

Interest has grown with 80 plus delegates registered to attend, with the focus moving to better understanding the 'As is' and 'To be' positions of each of the corporate services, in addition to possibly identifying some early opportunities for efficiency savings.

A corporate communications plan is being developed for roll-out with consistent messaging provided for all corporate leaders to provide to their team, in addition to further information being made available on the BCPC website.

Workshop three is scheduled for January 2025 and will focus on triangulating opportunities through data, with workshop 4 seeking to begin specifying new service models.

In parallel, work will also commence on firming arrangements for pursuing the strategic delivery vehicle of a Managed Shared Service.

- **FRP 'Delivery Partner'** – Agreement at both the BCPC Executive and JPC on the parameters of a specification for procuring a 'Delivery Partner' that can support the BCPC (and possibly the wider system) in delivering productivity improvements and efficiency savings.

Key areas for inclusion include:

- Community First
- Elective Reform / Recovery (incl. Elective Hubs and Outpatient transformation)
- Fragile Services

Procurement colleagues are to be engaged to support and navigate next steps quickly.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

- a. **RECEIVE** this report as a summary update of key discussions at the 15th of November 2024 JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Joint Provider Committee – Report to Trust Boards

Date: **13th March 2025**

TITLE OF REPORT:	Report to Trust Boards from the 7 th of February 2025 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 7 th of February 2025 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> A progress update from the BCPC CEO Lead with a particular focus on progress with Pharmacy Aseptic work, and a Clinical Services Transformation 'route map' for 25/26. Progress update on the Corporate Services Transformation work, with a range of key recommendations made and approved by the JPC. Update on the progress to secure a 'Delivery Partner' to support year 2 of the FRP work in addition to outlining key governance requirements.
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions on the 7th February 2025 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 7th of February 2025 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 7th of February 2025. The meeting was quorate with attendance by the Chair, both CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
 - Month 9 data is indicating an adverse underlying position (£355m forecast, compared to £235m in FRP - £121m adverse to FRP). Month 9 data is showing a reduction in headcount (mainly due to bank and agency usage) overall for the first time. Cost of workforce continues to reduce, the number of vacancies is increasing, and number of vacancies going through panels is reducing. Detailed assessment to be undertaken following month 10 reporting with a refresh of the suite of I&I KPI's during February to ensure these continue to add value.
 - Steady progress is being made to procure and secure a Delivery Partner, with the procurement team now actively engaged. Governance arrangements will require BC ICB and NHSE sign off, with the current specification currently remaining as a BCPC only approach to a 'Delivery Partner'.
 - Work continues on the development of short form business cases for the BC Elective Hubs (South & North), with alternative funding streams being actively sought as the system has been informed that it is unlikely to be successful in the TIF3 round.
 - Positive progress being made on the progress with the development of a tender to secure a partner to undertake a feasibility study for a Black Country wide Aseptic service. Work remains on track to secure a preferred supplier able to progress the feasibility study and subsequent outline business case with appropriate tender costs by Q1 2025/26.

b) Items for Discussion

- **Service Transformation 'Route Map'** – The JPC received an update from the BCPC Managing Director outlining a 'Road-map' for key clinical transformation activities over the course of 25/26.

These have been driven by the work of the Clinical Network, and to be driven for delivery through the BCPC. They continue to reinforce the pursuit of a 'Black Country' brand in all that we do. A range of key actions were described which are already underway to mobilise for implementation.

Phase 2 ideas generation will commence through both the BCPC Clinical Council and key work to be commissioned from a 'Delivery Partner' focused initially from the 'bucket' of 'fragile services'.

- **Corporate Services Transformation** – The JPC received an update from the CSTP SRO. Currently the programme remains on track and there has been strong engagement, which is highly valued at this early stage, from our most senior corporate leaders, Trade Union and staff side representatives. Eight recommendations were presented to enable

the progression of work at pace, and following discussion were agreed by JPC, with some finer practical details for further discussion with the two CEO's. Amongst the key actions agreed are:

- **Service Model & Design Principles** – JPC approved the proposed services model and the draft 'Design Principles' upon which work should proceed, with the recognition that these would be 'tweaked' as circumstances necessitated.
- **Scale & Ambition** – JPC confirmed that it remained committed to pursuing opportunities at scale once.
- **Data Validation** – JPC agreed to support the current work being progressed to better understand the range of options available for attaining efficiencies through workforce reductions.
- **Identification of Phase 1 services** - Both CEOs agreed an initial range of services for progression and work is underway to develop approach.
- **Exit Strategy** – JPC agreed to establishing a BCPC 'At Risk Pool' and pursuing the establishment of a MARS scheme (Mutually Agreed Resignation Scheme) across the BCPC partners to support options for exit strategy.
- **Legal Framework** – JPC agreed to work being commissioned from a legal partner to develop and establish the legal framework, aligned with the existing Collaboration Agreement already in place and the Expression of Interest (EOI) approach.
- **Mobilisation / Implementation** – JPC supported the exploration of options to secure additional expertise and capacity to support mobilisation and implementation.
- **Update on the 'Delivery Partner'** – The JPC received an update on the commissioning of a 'Delivery Partner' to support the four BCPC partners with their contribution of the system Financial Recovery Plan. A range of productivity and efficiency opportunities were outlined, illustrated through a 'worked example' from a neighbouring system.

Work continues with the procurement teams to identify a safe route for the speedy commissioning of a 'Delivery Partner' which it is anticipated will be in place for April 2025.

- **Key Decisions** – With no planned JPC in March and key decisions required (sign-off of the 'Delivery Partner', approval of the BC Elective Hub (South), and the Pharmacy Aseptic Feasibility work) there may be a need to 'stand up' an extra-ordinary JPC.

3. REQUIRED ACTIONS

3.1 The partner Trust Boards are asked to:

- a. **RECEIVE** this report as a summary update of key discussions at the 7th of February 2025 JPC meeting.
- b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Paper for submission to Board of Directors on 13 March 2025

Report title:	Chief Nurse and Medical Director Report.
Sponsoring executive:	Dr Julian Hobbs, Medical Director Martina Morris, Chief Nurse and Director of Infection Prevention and Control
Report author:	Rebecca Edwards, Directorate Manager - Medical and Nursing Jo Wakeman, Deputy Chief Nurse

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

The Trust has undertaken a review against the Lord Ara Darzi's report (2024), which presents an update on the national picture of patient safety in England with reference to [National State of Patient Safety 2022: What we know about avoidable harm in England](#). This joint Chief Nurse and Medical Director report presents the Trust's data, details progress in key areas for improvement and makes a series of recommendations to further drive forward patient safety in the Trust and wider system.

Assure

The Trust can evidence via a variety of sources that its approach to quality and safety has continued to mature over time, with some excellent examples of sustained improvement.

Advise

The breadth of patient safety data needs to increase.

- The Trust has identified via this report some opportunities to strengthen the data collection and analysis across the entire patient journey and not just hospital admission.

The accuracy of key patient safety measures needs to improve.

- The accuracy and visibility of measures is a priority for the CMO and CNO and a series of dashboards have been produced to support this. The opportunity to view safety across the patient journey is welcomed and will be pursued in 2025/26.

A workforce plan for the NHS and social care system is urgently needed.

- The CMO and CNO would support this position and have been working to strengthen multi-disciplinary teams across the Trust. Job Planning is well embedded in the organisation across, Allied Health professionals and our medical workforce achieving 92% compliance. Despite the financial challenges, innovative workforce plans are encouraged, and critical clinical posts have continued to be approved.

Integrated Care Systems need to play a central role in monitoring patient safety.

- The Trust is well represented at ICB led meetings and one of the Trust's Deputy Medical Director's is a joint chair of the system mortality group. CQRM is an active and productive forum and provides challenge around both safety and quality at the Trust. There is an opportunity to work alongside the ICB to ensure the whole patient journey is considered in terms of safety.

Progress in the safety of maternity services needs to accelerate.

- The CMO and CNO can provide positive assurance associated with the improvement journey undertaken by maternity and neonatal services over the last 18 months and supported by the data presented in this report.

Next steps

- Progress the planned work as outlined in sections 2 and 3 of this report.
- Develop and launch a joint Quality and Safety Delivery Plan to support the work required and to positively contribute to the delivery of the Trust Strategy.
- Move on from a deficit model of patient safety to a fully developed model of safety, including a fully adopted approach of positive learning and forward assurance.
- To review the BAF risk 1.1 and ensure it reflects the recommendations from this report and alignment to the current strategic risks.
- Ensure alignment of all work associated with quality and safety with the refreshed Trust strategy, Quality and Safety Delivery Plan, which is currently being developed, and annual planning guidance requirements.

Alert

- Whilst there are some patient safety indicators requiring ongoing improvement, the Trust has well established mechanisms in place to ensure that the necessary actions are progressed to achieve sustained improvements.

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		
Quality Committee - February 2025 and Trust Board - March 2025		
4. Recommendation(s)		
The Public Trust Board is asked to:		
a) Note the findings of the 2022 Dazi safety report and the current Trust position against the key points.		
b) Note the planned actions to further embed the recommendations of the paper locally.		
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.
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

Patient Safety Deep Dive – Lord Ara Darzi’s review.

Executive Summary

In 2022, Lord Ara Darzi led a report by Imperial College London's Institute of Global Health Innovation, commissioned by Patient Safety Watch, bringing together publicly available data to present a national picture of patient safety in England. [National State of Patient Safety 2022: What we know about avoidable harm in England](#). Commissioned by the All parliamentary group on patient safety Furthermore, in 2024, Lord Darzi completed a rapid investigation of the state of the National Health Service (NHS), assessing patient access, quality of care and the overall performance of the health system, which highlighted the seriousness of the current state of the NHS and the need for a rapid action to address key areas of concern. [Independent investigation of the NHS in England - GOV.UK](#)

Whilst this Chief Nurse and Medical Director report is focusing specifically on Lord Darzi’s patient safety report, it is important to note that there are some key themes highlighted across both reports.

The patient safety report highlighted reasons presenting a national picture of patient safety is challenging with a focus on hospital delivered care, even though care is overwhelmingly provided in other settings. Other limitations on current data relate to a focus on past episodes of care and a tendency to view harm from a clinical, rather than a patient’s, perspective.

The report concluded that to improve patient safety:

- The breadth of patient safety data needs to increase.
- The accuracy of key patient safety measures needs to improve.
- A workforce plan for the NHS and social care system is urgently needed.
- Integrated Care Systems need to play a central role in monitoring patient safety.
- Progress in the safety of maternity services needs to accelerate.

The NHS Patient Safety Strategy (updated in 2021) further emphasises the importance of focus remaining on safety culture, safety system, insight, involvement and improvement as the key overarching principles of patient safety. [NHS England » NHS Patient Safety Strategy: 2021 update](#)

This joint Chief Nurse and Medical Director report presents the Trust’s data, details progress in key areas for improvement and makes a series of recommendations to further drive forward patient safety in the Trust and wider system.

1.0 Introduction

In 2022, Lord Ara Darzi led a report by Imperial College London's Institute of Global Health Innovation, commissioned by Patient Safety Watch, bringing together publicly available data to present a national picture of patient safety in England. [National State of Patient Safety 2022: What we know about avoidable harm in England](#). This was updated in 2024 www.imperial.ac.uk/Stories/National-State-Patient-Safety-2024 and revealed a deteriorating picture nationally, with ongoing and increasing concerns about patient safety. Furthermore, in 2024, Lord Darzi completed a rapid investigation of the state of the National Health Service (NHS), assessing patient access, quality of care and the overall performance of the health system, which highlighted the seriousness of the current state of the NHS and the need for a rapid action to address key areas of concern. [Independent investigation of the NHS in England - GOV.UK](#).

Whilst this Chief Nurse and Medical Director report is focusing specifically on Lord Darzi's patient safety report, it is important to note that there are some key themes were highlighted across both 2024 reports. The importance of operational delivery being used as a mechanism to improve safety and outcomes rather than a means to itself is one of the key lessons from previous periods of reset and restoration. In addition, the NHS Patient Safety Strategy (updated in 2021) further emphasises the importance of focus remaining on safety culture, safety system, insight, involvement and improvement as the key overarching principles of patient safety. [NHS England » NHS Patient Safety Strategy: 2021 update](#)

The patient safety report does have some limitations with a focus on hospital delivered care, even though care is overwhelmingly provided in other settings, a reliance on data focused on past episodes of care (the view in the rear-view mirror) and a tendency to view harm from a clinical, rather than a patient's, perspective.

The report reviewed a series of key data sets used to examine patient safety and this report maps these sources to current Trust's performance.

Report focus	Report Suggested data	DGFT Position		
Avoidable deaths	Rates of preventable and treatable mortality The Summary Hospital Mortality Index (SHMI) data published by NHS Digital Compliance with Learning from Deaths reporting requirements	Indicator	Current	Trend
		SHMI (Summary Hospital-level Mortality Indicator)	101.52 (Source HED Oct 23 To Sept 24)	This is a small increase but remains within the 'Expected Range'
		HSMR (Hospital Standardised Mortality Ratio)	86.56 (HES inpatient Oct 23 to Sept 24 data)	HSMR (in hospital deaths) has shown a small increase but remains a positive national outlier. The Trust compares favourably to peers in the West Midlands.
		Crude Mortality Crude Mortality is the number of deaths per year, per 1000 population.		Crude Mortality rates have consistently fallen year on year from 4.38% in 2019/20 to 3.06% in 2022/23. The current crude mortality for the Trust is 2.2%.
		Structured Judgement Review All deaths are being reviewed by the Medical Examiner and any issues are escalated to the mortality co-ordinator on a weekly basis for consideration of SJR. There were 157 cases referred for 2024. 67% have been reviewed and 92% showed average to excellent care. The cases with poor to very poor care have been reviewed by the Governance team. There are no		

cases reviewed for 2024 with avoidability more likely than not. 38 cases were reviewed as part of the PSIRF.

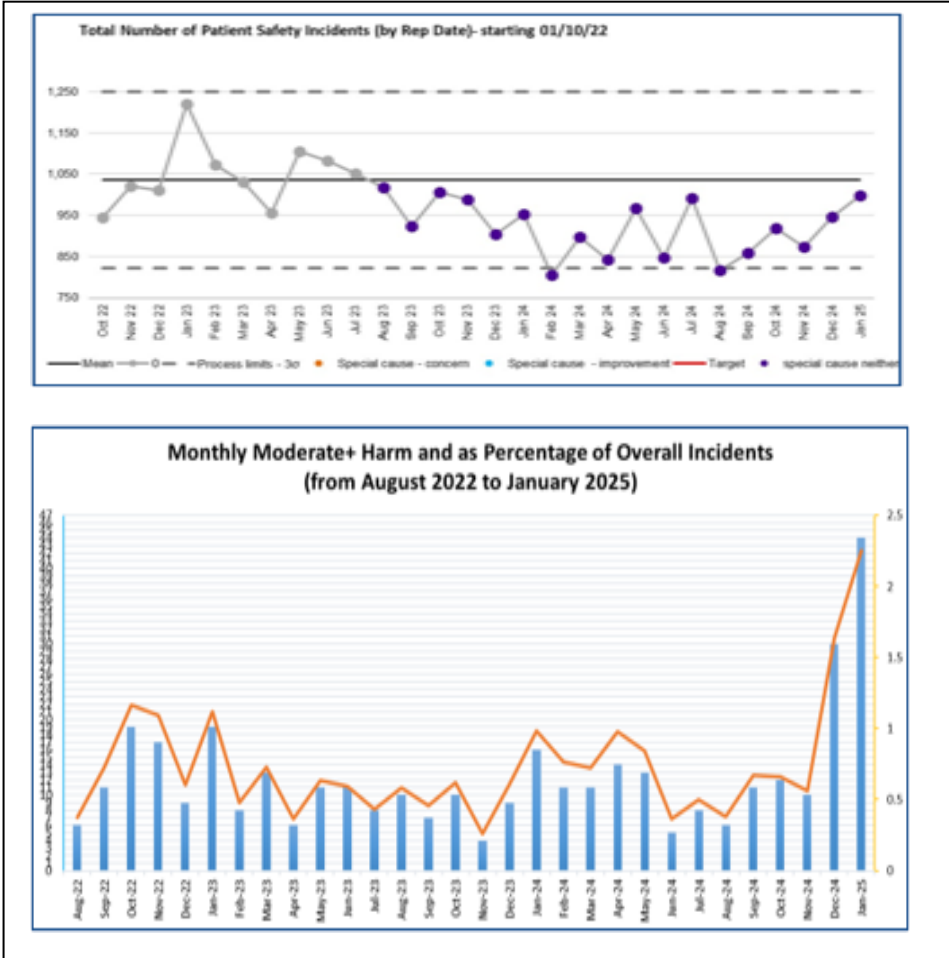
Compliance with Learning from Deaths
 The Trust has a current [Learning from Deaths Policy](#) in place that is based on the recommendations of the 2017 National Quality Board Guidance related to learning from deaths. It was amended in 2024 to reference the involvement of the Medical Examiner service. There is opportunity for case reviews to consider the wider system input to care to further enhance the process.

Reportable incidents

The number, type and severity of patient safety incidents reported by organisations published by NHS England and NHS Improvement

Trust-wide monthly patient safety incident reporting has increased over recent months following a period of reduced reporting following the implementation of the national Learning from Patient Safety Events (LfPSE) system. This system change had a national impact of reporting cultures as it added additional elements to reporting templates. The Trust has worked hard with staff and the system to develop reporting templates, training staff and improve reporting cultures to levels close to pre-implementation.

The Patient Safety Team continues to drive reporting through several



workstreams including monthly Incident Awareness sessions for staff. Overall the proportion of incidents resulting in significant harm remains low on a month by month basis. There has been an increase in the percentage

and number of incidents resulting in significant harm during December 24. This mainly pertains to an increase in the number of falls and pressure ulcer incidents resulting in significant harm.

Harm levels in January are still under review at the time of reporting and will be refreshed in the next report.

There have been no new never events since March 2024.

Incidents resulting in significant harm are subject to a prompt and robust initial MDT review to determine immediate learning and the level of response required.

Healthcare associated infections

Data on some of the most common healthcare associated infections - MRSA, MSSA, C. difficile and E.coli

LOCKDOWN – January 2025					
<u>Organism</u>	COCA	COIA	COHA	HOHA	Total
CDI Toxin	4	0	6	8	18
E. coli	17	0	3	4	24
Klebsiella	1	0	1	1	3
Pseudomonas	2	0	0	1	3
MSSA	3	0	2	3	8
MRSA	0	0	0	0	0

C.Diff: 73

Month	COHA	HOHA	Total
01 April 2024	4	4	8
01 May 2024	6	5	11
01 June 2024	5	5	10
01 July 2024	4	0	4
01 August 2024	2	2	4
01 September 2024	8	4	12
01 October 2024	4	3	7
01 November 2024	3	2	5
01 December 2024	2	6	8
01 January 2025	6	8	14
Total	44	39	83

E.Coli: 75

Month	COHA	HOHA	Total
01 April 2024	3	5	8
01 May 2024	1	2	3
01 June 2024	1	1	2
01 July 2024	5	3	8
01 August 2024	7	0	7
01 September 2024	2	7	9
01 October 2024	2	0	2
01 November 2024	13	2	15
01 December 2024	1	4	5
01 January 2025	3	4	7
Total	38	28	66

MSSA

Month	COHA	HOHA	Total
01 April 2024	5	2	7
01 May 2024	0	4	4
01 June 2024	1	3	4
01 July 2024	4	3	7
01 August 2024	1	4	5
01 September 2024	1	1	2
01 October 2024	3	2	5
01 November 2024	0	4	4
01 December 2024	0	3	3
01 January 2025	2	3	5
Total	17	29	46

MRSA

Month	COHA	HOHA	Total
01 June 2024	1	0	1
01 September 2024	1	0	1
Total	2	0	2

Pseudomonas: 12

Month	COHA	HOHA	Total
01 April 2024	1	1	2
01 May 2024	2	1	3
01 June 2024	3	1	4
01 July 2024	1	1	2
01 August 2024	0	1	1
01 October 2024	0	1	1
01 November 2024	1	0	1
01 December 2024	0	1	1
01 January 2025	0	1	1
Total	8	8	16

Klebsiella: 19

Month	COHA	HOHA	Total
01 April 2024	1	4	5
01 May 2024	3	1	4
01 June 2024	0	2	2
01 July 2024	3	2	5
01 August 2024	2	1	3
01 September 2024	1	1	2
01 October 2024	1	1	2
01 November 2024	1	1	2
01 December 2024	1	0	1
01 January 2025	1	1	2
Total	14	14	28

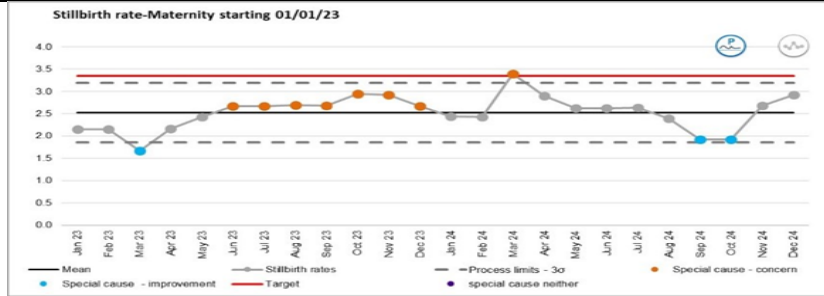
Maternal and Neonatal data

Data on the safety of maternity services – rates of maternal deaths, stillbirths, neonatal deaths, and brain injuries in infants

Stillbirths

The National stillbirth rate is 3.35 (MBRRACE 2024) and it can be seen that the Trust’s crude stillbirth rate for Quarter 3 2024/2025 has increased but remains below the national rate.

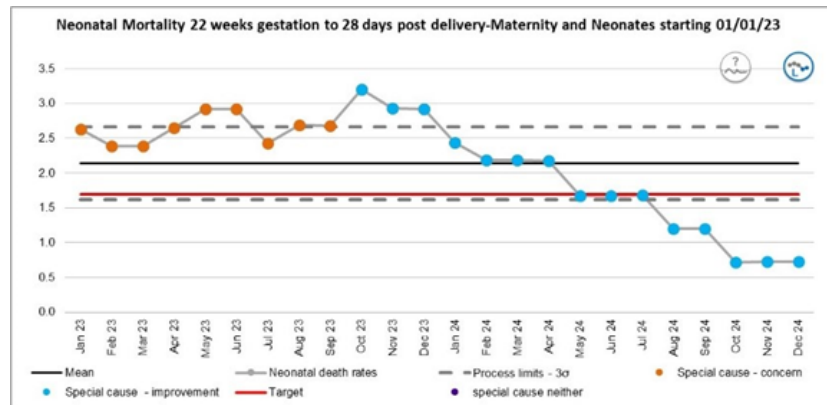
published by MBRRACE-UK



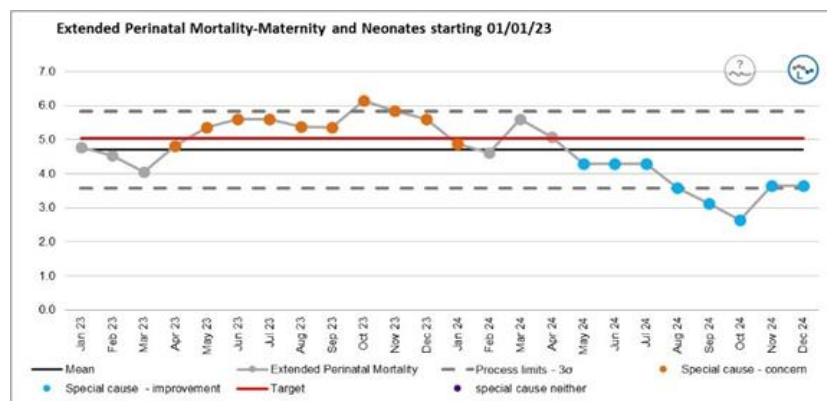
The chart provides a comparison of the stillbirth crude rate and national rate. In Quarter 3 2024/2025 in October (1.92), November (2.68) and in December (2.92).

Neonatal deaths

The National Neonatal Death (NND) rate is 1.69 (MBRRACE 2024), there has been a statistically significant decline in the neonatal death rate over the last 4 Quarters.



MBRRACE (2024) neonatal death crude rate (1.69) only includes NND from 24 weeks gestation and when DGFT rate is recalculated including NND >24 weeks gestation the rates are October (0.24), November (0.24) and December (0.24) which is significantly lower than the national rate.



The national extended perinatal mortality rate is 5.04 (MBRRACE 2024). There has been an increase in the extended perinatal mortality rate in Quarter 3, October (2.64), November (3.65) and December (3.65).

Patient perspectives

Results from patient safety surveys

The Trust has embraced the role of Patient Safety Partners. There are 26 PSPs who have been accepted and have been successfully

<p>on patient safety</p>	<p>inducted, with a further 7 in process. The full integration of PSPs across all patient safety workstreams is still in its infancy.</p> <p>The PSPs have been heavily involved in the preparation and implementation of PSIRF – with 2 PSIRF PSP leads who were included in all working groups both internally and externally attending the ICB workshops.</p> <p>The PSPs work alongside the Trust’s clinical and non-clinical staff, to help inform and influence decisions on services and specifically patient safety. They have become members of committees, work with project teams, consult on policy and support learning to contribute a different and independent perspective.</p> <p>The compassionate engagement and involvement of patients and their families following a patient safety incident has been supported by the PSPs. Focus groups have been instrumental in the development of the pressure ulcer and falls response processes – to ensure that patient and family perspective is interwoven throughout the response. These responses have demonstrated improved opportunity for learning from patient safety incidents.</p> <p>A PSP review of Patient Safety Incident Investigation (PSII), SWARMs and After-Action Reviews (AAR) enabled further refinement of the engagement process and report templates. This is intended to improve communication and a compassionate approach. Other focus work includes, Duty of Candour communication review, thematic review response process development – alongside review of the compassionate engagement and involvement (including Duty of Candour) policy.</p> <p>Once a Patient Safety response has been initiated and Duty of Candour/Engagement has been enacted, the Patient Safety Team provide the patient/relative involved with an information booklet which details all information regarding the response being undertaken (i.e. PSII, Swarm Review, AAR, SIT), and how they can become involved. Engagement is undertaken throughout the response process and is in line with the patients/relatives wishes.</p> <p>Upon completion of the response, the Patient Safety Team request feedback from the patient/relative via a questionnaire. This allows the team to gain insight into the patient’s experience and identify areas where improvements to engagement can be made.</p> <p>We have recruited a number of Patient Voice Volunteers (PVVs) who are individuals willing to share their perspective and experience of using local services to inform health services in a range of different ways to help support service development. Our PVVs have supported events and provided a patient perspective to the inpatient survey action plan, attended Trust Board, Experience of Care week and the ‘Talk to Us’ Trolley to engage with patients about the service they received.</p> <p>We intend to further develop this model to involve PVVs in a wide range of activities and programmes of work. PVVs will share their</p>
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experiences, participate in surveys, focus groups and workshops along with recruitment and training of staff.

We currently have 356 volunteers who assist with supporting patients on the wards, making drinks, befriending, general enquiries, transporting patients, signposting, and running errands for staff. The volunteers have also supported the Emergency Department during the week and over the weekends to provide additional support during the winter months, including when patients have been waiting to be off loaded from the ambulances.

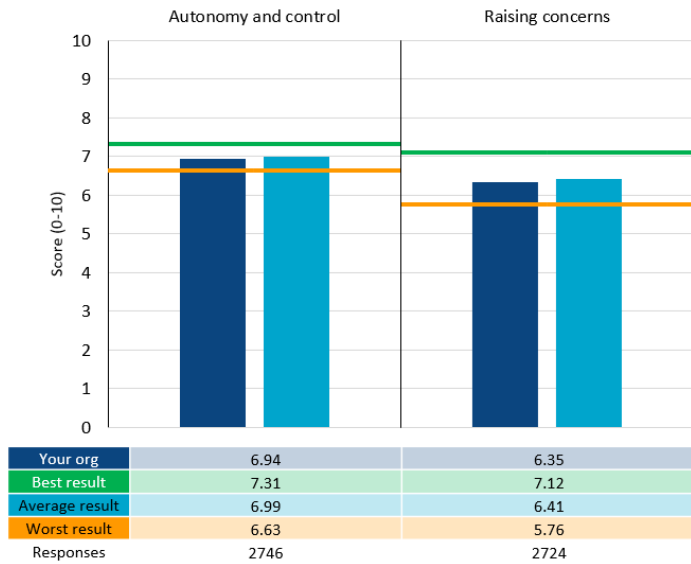
Staff perspective s on safety

Results from staff survey

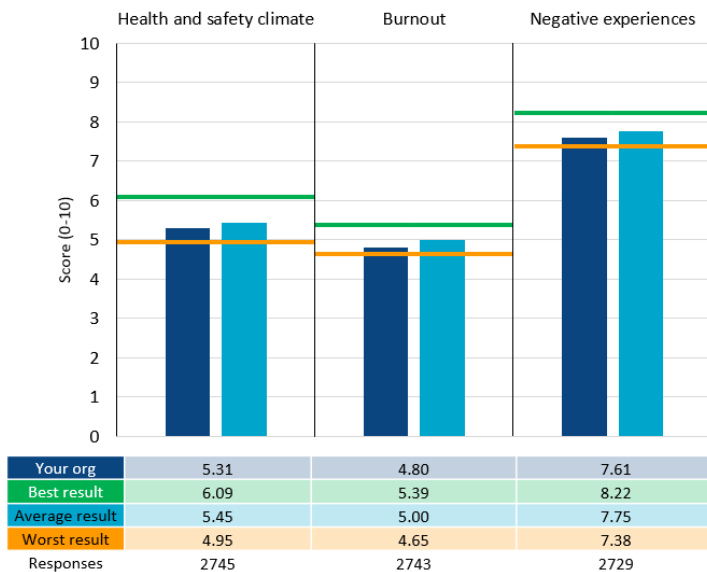
The Trust encourages staff to participate in various surveys across the year. The People Promise measures for 2023 highlight around average results for staff feeling they have a voice with some marginal opportunities for being safe and healthy.



Promise element 3: We each have a voice that counts



Promise element 4: We are safe and healthy



		Encouragingly the Trust is a positive outlier in 2024 for staff witnessing errors or near misses that could cause harm. There is however an opportunity to support those involved in incidents to feel better supported and assured of being treated fairly. Staff have consistently reported they are encouraged to report incidents in line with the national average. Trust staff reported above average assurance that action is taken to learn from incidents. There is an opportunity for further work to encourage staff to speak openly about their concerns.
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2.0 The forward view

The 2022 report concluded that 5 key questions should be the focus of future patient safety development, and the current and planned work of the Trust is mapped against these questions below.

Recommendation	Current Status	Opportunity
Will the data tell us how safe care is today, and is likely to be in the future, not just how harmful it has been in the past?	<ul style="list-style-type: none"> Deteriorating Patient Pathway in place to identify Hospital at Night team have commenced process of monitoring the DPP list at 3 hourly intervals out Martha's Rule operational in the Trust Live data and sitreps - Emergency portals Trust capacity related reporting (multiple times each day) 	<ul style="list-style-type: none"> GREATix has recently relaunched using the Datix platform NatSIPPS group established, and programme of work developed Clinical accreditation programme Triangulation of data hard and soft to aid accreditation of clinical areas Nursing and midwifery audits
Will the data tell us how safe services are across the continuum of care, not just in hospitals?	<ul style="list-style-type: none"> There are a series of system groups (Mortality, CQRM, LMNS) however data remains organisationally focused currently Clinical Governance and risk management process Quality impact assessments identifying potential risk and mitigation. Director level 	<ul style="list-style-type: none"> Opportunity for SJR process to review whole episode of care. Access to EMIS available via ME service. GP already supports SJR process Opportunity with development of Place Division to look at safety across care settings locally

	approval for final sign off <ul style="list-style-type: none"> • Model Hospital provides some peer data 	
Will the data tell us how safe patients are while they wait for their care, not just when they receive their care?	<ul style="list-style-type: none"> • Capacity meetings throughout the day to monitor ambulance 45-minute hand over and those patients seated in our waiting area • Monitoring of RTT performance • Harm Reviews 	<ul style="list-style-type: none"> • Opportunity to work with system colleagues to further develop this • Standardisation of harm reviews
Will the data tell us how safe people feel, not just how safe they are clinically?	<ul style="list-style-type: none"> • Martha's rule data • Patient experience and complaints data • PALS concerns • FFT • National patient survey results. • Accreditation reviews. • Psychological harm captured and considered in incident reporting. 	<ul style="list-style-type: none"> • Opportunity to strengthen the role of the Patient Safety Partners and Patient Safety Champions
Will the data tell us whether some people are less safe than others, particularly those from deprived, disadvantaged, or minority ethnic groups?	<ul style="list-style-type: none"> • Our maternity and neonatal improvement work is a strong example of how this can be achieved. • EDI working group • Inequalities working Group. 	<ul style="list-style-type: none"> • Work has commenced with public health colleagues in relation to mortality • Health inequalities group is in place and there is an opportunity to further develop its focus • EDI working collaborative

3.0 Trajectory - Learning from the positive

It is important to learn from and improve poor outcomes, but the deficit-based approach has some theoretical limitations. More overtly positive approaches are available, specifically focusing on success—both outstanding success and everyday success—including innovation, appreciative inquiry, learning from excellence and positive deviance. These approaches are not mutually exclusive (Plunkett et al 2022).

GREATix

Positive event reporting has the dual benefit of improving patient care and boosting staff morale by recognising when people have given that bit extra to ensure our patients are receiving the best care we can provide.

An upgrade to GREATix occurred on Monday 3rd February which resulted in GREATix reporting being incorporated into Datix.

This allows harmonisation of the distribution and sharing of positive events using the same mechanisms that Datix patient safety incidents use.

By improving the sharing of positive events, it is hoped this will better enable learning within teams. This will also enable the Trust to report positive events into the national Learn from Patient Safety Events (LFPSE) platform automatically – contributing to national learning.

Between February 2024 and January 2025, there were 1133 positive events reported. There are numerous examples of good practise and acknowledgments of staff hard work, commitment and demonstration of Trust values.

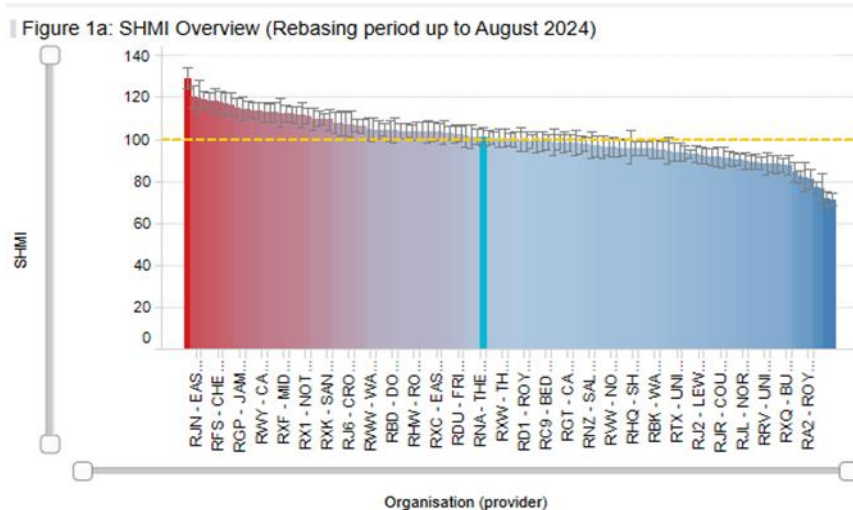
Over the next twelve months we will use large language models to identify informal leaders, undertake thematic analysis and develop work streams related to positive learning within the Trust.

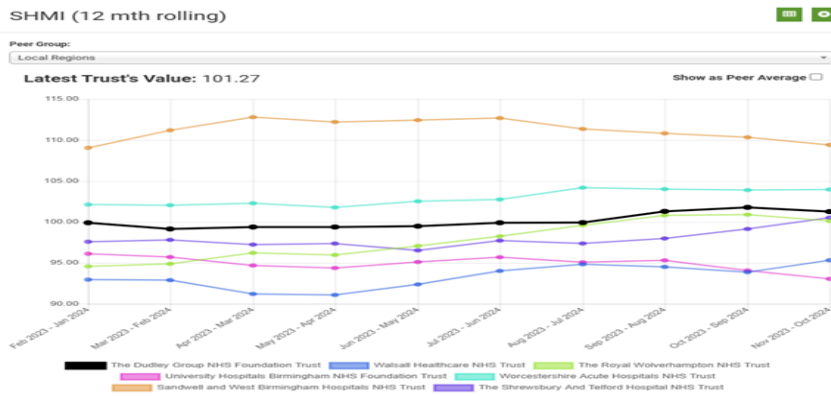
Civility saves lives

Over the last 5 years we have engaged with Chris Turner and the civility saves lives movement developing capacity and capability through small group workshops and larger educational events across the Trust. individuals have been supported on a one-to-one basis with earlier intervention using a Vanderbilt model of In addition, we have adopted mental and physical wellbeing workstreams to support staff.

Positive forward assurance

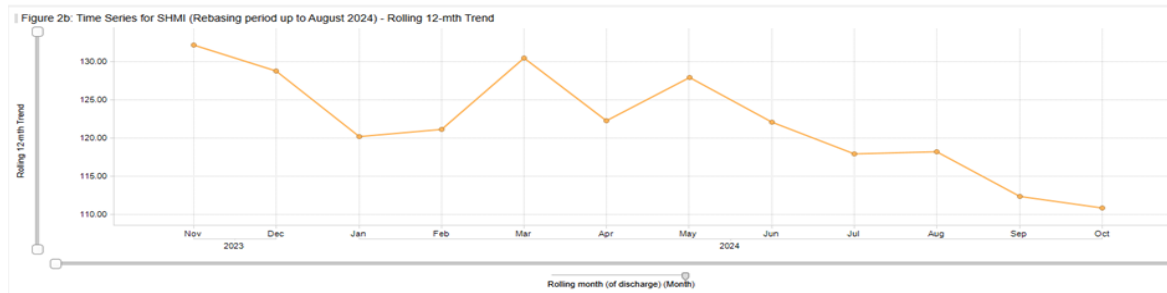
Achieving SSNAP data category B achieved compliance against all quality priority targets. The current SHMI for DGFT is 101 – this is within the expected range. The Trust sits in the midway point for the local trusts. The current SHMI is within the expected range and has been stable for approximately 12 months.



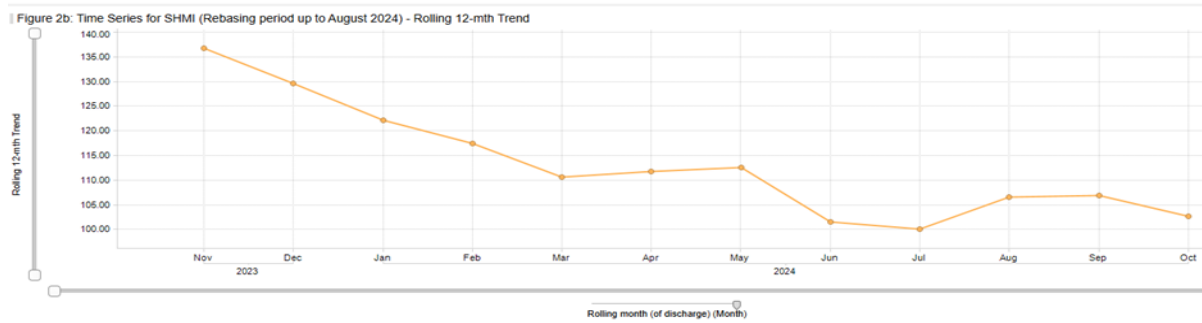


These following conditions have all been outliers for the trust some of which were identified as priorities within 23/24 Trust quality priorities. Improvement work undertaken have shown improvement including case note validation and identifying KPIs from national audits that were not meeting their targets. They are all now within the expected range.

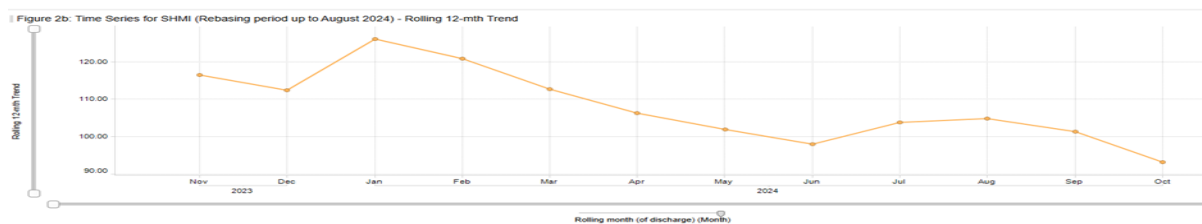
Fractured Neck of Femur



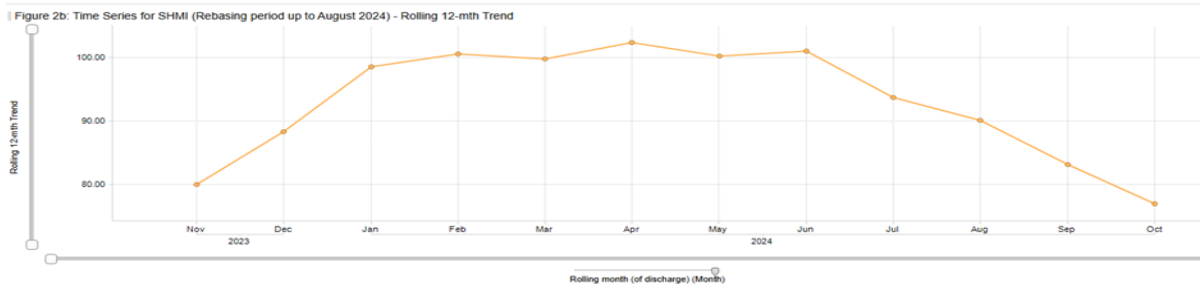
Acute Cerebrovascular Disease



Acute Myocardial Infarction

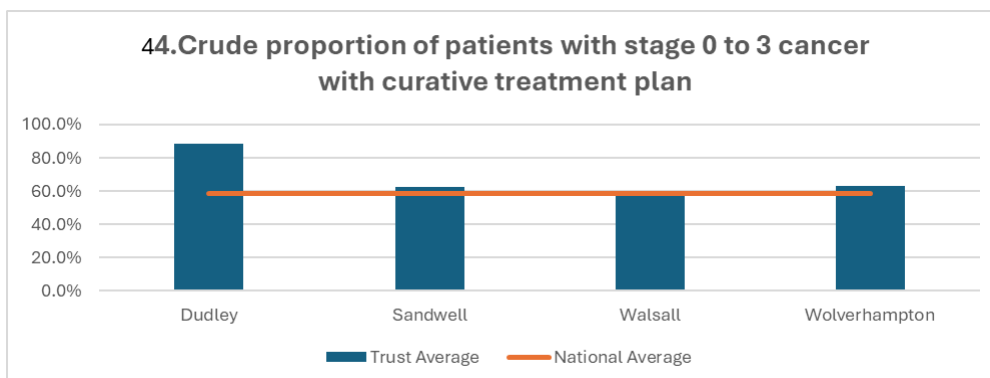
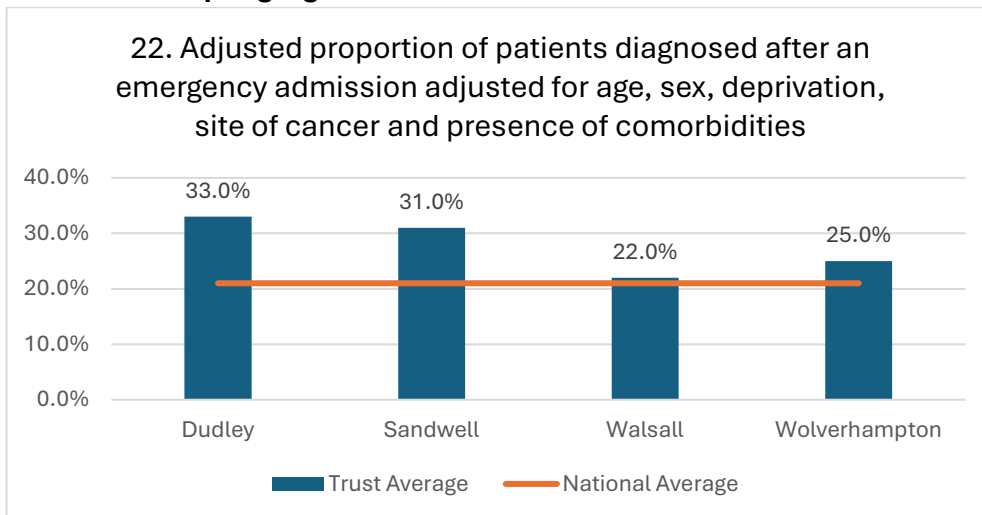


Fluid and Electrolytes

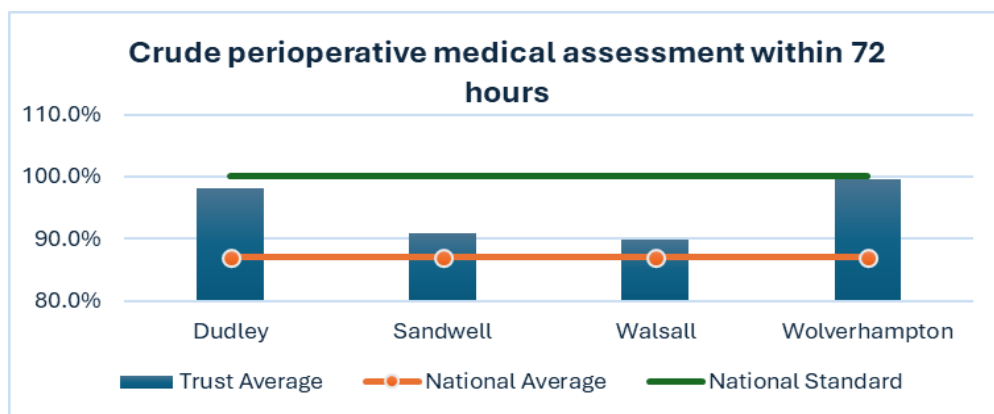
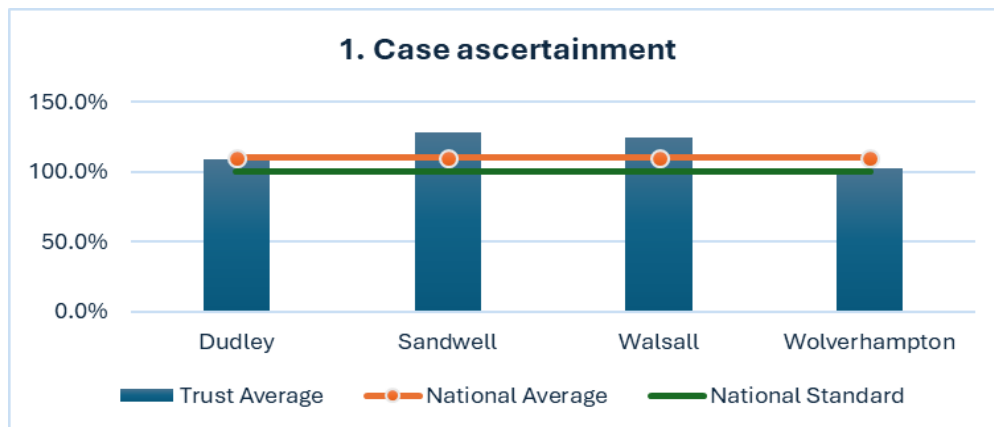


These areas of improved outcomes are a function of a trust governance system around the deteriorating patient and mortality surveillance group. These monitor key data sets and oversee improvement plans based on whole pathway improvement and adoption of evidence-based interventions. Inputs are also received from the ID&L group which triangulates incidents on a weekly basis allowing for early and responsive intervention.

National Oesophago-gastric cancer audit



National Hip Database



National Audit of breast cancer in older people

Proportion of patients (non-screen detected) receiving a triple diagnostic assessment in a single visit [50-69 years]

	Trust Average	National Average	National Standard
Dudley	98%	68.0%	80.0%
Sandwell		68.0%	80.0%
Walsall		68.0%	80.0%
Wolverhampton	80.0%	68.0%	80.0%

Proportion of patients (non-screen detected) receiving a triple diagnostic assessment in a single visit [70+ years]

	Trust Average	National Average	National Standard
Dudley	100%	70.0%	80.0%
Sandwell		70.0%	80.0%
Walsall		70.0%	80.0%
Wolverhampton	87.0%	70.0%	80.0%

Proportion of patients with recorded ER+ status (Oestrogen-receptor-positive, only for invasive cancer) [70 - 79 years]

	Trust Average	National Average	National Standard
Dudley	98%	90.0%	90.0%
Sandwell		90.0%	90.0%
Walsall		90.0%	90.0%
Wolverhampton	50%	90.0%	90.0%

Proportion of patients with recorded ER+ status (Oestrogen-receptor-positive, only for invasive cancer) 80+ years]

	Trust Average	National Average	National Standard
Dudley	92%	85.0%	90.0%
Sandwell		85.0%	90.0%
Walsall		85.0%	90.0%
Wolverhampton	35%	85.0%	90.0%

Proportion of patients with recorded HER2 status, only for invasive cancer) 50 to 69 years]

	Trust Average	National Average	National Standard
Dudley	93%	85.0%	90.0%
Sandwell		85.0%	90.0%
Walsall		85.0%	90.0%
Wolverhampton	41%	85.0%	90.0%

Proportion of patients with recorded HER2 status, only for invasive cancer) 70 to 79 years]

	Trust Average	National Average	National Standard
Dudley	96%	82.0%	90.0%
Sandwell		82.0%	90.0%
Walsall		82.0%	90.0%
Wolverhampton	33%	82.0%	90.0%

National Paediatric Diabetes Audit

Completion rate for key health checks for all type 1 diabetes

	Trust Average	National Average	National Standard
Dudley	93.20%	90.8%	n/a
Sandwell	92.70%	90.8%	n/a

Walsall	96.20%	90.8%	n/a
Wolverhampton	90.80%	90.8%	n/a

Organisation compared with nationally: Case-mix adjusted mean HbA1c (mmol/mol)	Trust Average	National Average	National Standard
Dudley	64.4	63.4	n/a
Sandwell	60.9	63.4	n/a
Walsall	61.7	63.4	n/a
Wolverhampton	62.9	63.4	n/a

	Trust Average	National Average	National Standard
Dudley	63	60.5	n/a
Sandwell	60.3	60.5	n/a
Walsall	60	60.5	n/a

Best practice

Cross organisational learning

The Trust review any incidents potentially fulfilling the PSIRP criteria at a weekly Executive Director-led Group, referred to as the Incident Decision & Learning Group (ID&LG). The ID&LG is a forum where patient safety events are openly discussed to inform decisions on the level of investigation required and identify Trust-wide learning.

Following completion of incident responses, the Patient Safety Team share learning from investigations in multiple ways. Finalised responses are discussed at the Risk & Assurance Group, to disseminate learning. Agreed action plans are monitored by the Patient Safety Team with oversight from teams via Local and Divisional Governance meetings.

The Learning Alert tool is completed following approval of responses which highlights key system factors and learning identified via responses. These are provided to the teams involved in the incidents, and displayed on staff notice boards for wider shared learning. The Patient Safety Team have created a library of Learning Alerts, which is accessible via the Hub, where all staff can access and view previous alerts.

Quality Impact Assessment are completed for changes in service highlighting potential risk and mitigations with a sign off process completed by the Chief Nurse and Medical Director.

Clinical Governance and risk management processes (Patient Safety Incident Response Framework) has been successfully implemented.

Developing Improvement and Learning Capability using the Trust's Improvement System

Dudley Improvement Practice (DIP) is well-established as The Dudley Group's approach to Continuous Quality Improvement (CQI). Aligned with the five components of NHS IMPACT - the national best practice guidance for creating a culture of continuous improvement, DIP is focussed on the following goals:

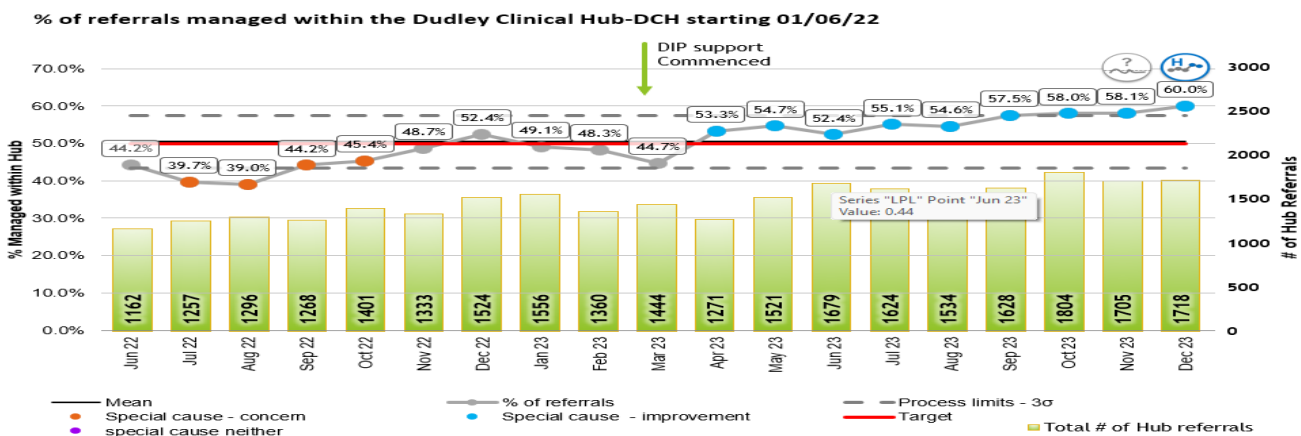
1. Build a shared purpose and vision
2. Invest in people and culture
3. Develop leadership behaviours
4. Build improvement capability and capacity
5. Embed improvement into management systems and processes

The DIP team offer a comprehensive range of accredited training to support staff in all roles, at all levels with their improvement projects of any size.

Scientific Thinking and Improvement Coaching skills are developed with the Improvement Mindset Kata training and practice routines which is double accredited with Continuous Professional Development (CPD) and the Kata Competency System via Cardiff University.

Trust Strategy deployment is also supported using the DIP Value Stream approach which is proven to significantly improve staff engagement, empowerment and morale as shown in national staff survey results.

The chart below is an example of special cause variation following an Improvement Practice implementation event held with community staff and system partners to improve the use of the Dudley Clinical Hub and thus reduce unnecessary A&E attendances.



Professional Development

The Trust provides education and training for doctors, nurses, midwives, allied health professionals, as well as students. We offer a wide range of courses tailored to specific roles and responsibilities. This ensuring we

support staff to embrace personal, developmental and organisational change. We also help to ensure that all our staff are fit to practice providing safe, effective, high quality patient care.

The Trust provides statutory and mandatory training that is needed to meet legislative duties. In addition to mandatory training, we provide a variety of training from a plethora of clinical skills courses, deterioration patient training courses, leadership and management programmes, simulation and interactive learning, research, personal development and wellbeing training.

In addition to providing training courses, we provide support for staff by mentorship and supervision. Preceptorship programme for our newly qualified. Access to libraries and research facilities for further education. Several staff networks, including LGBTQ+, disability and BAME and offering well-being sessions. At the trust we provide education and training for doctors, nurses, midwives, allied health professionals, as well as students. We offer a wide range of courses tailored to specific roles and responsibilities. This ensuring We support staff to embrace personal, developmental and organisational change. We also help to ensure that all our staff are fit to practice in order to provide safe, effective, high quality patient care.

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As well as providing training courses we provide support for staff by mentorship and supervision. Preceptorship programme for our newly qualified. Access to libraries and research facilities for further education. Several staff networks, including LGBTQ+, disability and BAME and offering well-being sessions.

Non–medical Core Clinical Skills Training

To meet the training needs of healthcare professionals—including registered nurses, midwives, clinical support workers, operating department practitioners, and radiographers— The clinical Education Team (formerly Clinical Skills) offer a range of courses tailored to specific roles and responsibilities. These courses are available to all substantive staff within the hospital and community settings, as well as those working through the Trust staff bank.

Previously, the Clinical Education Team exclusively delivered core clinical skills training (e.g. IV Therapy [full courses and updates], cannulation, venepuncture, and male catheterisation). However, to improve productivity and patient flow across all services, we expanded training opportunities to enable more staff to confidently perform these essential skills, ensuring timely and effective patient care. This expansion involves implementing several strategies in addition to the Clinical Education Team's training programs.

To address the challenges of releasing staff from clinical areas for training, in addition to the clinical skills training, Practice Development Practitioners (PDPs) now conduct training sessions within various hospital clinical areas. These PDPs have completed "train the trainer" sessions with the Clinical Education Team, equipping them with the skills to train staff in essential skills, including venepuncture, cannulation, catheterisation, and 12-Lead ECG. By delivering training directly within clinical departments on an as-needed basis, staff can more easily access training. To maintain quality and consistency, these sessions adhere to the same training and assessment methods used in traditional "classroom" settings, ensuring competency documents are recorded uniformly on ESR.

To better support staff requiring extended skills such as Total Parenteral Nutrition, Central Venous Access Device care and management, and Nasogastric Tube (NG) insertion, trainers with specialist knowledge supplement scheduled classroom sessions with ad-hoc training delivered directly in clinical areas. This approach ensures staff, particularly those in high-demand areas, receive timely and relevant training. The standardised training and assessment process, identical to that used in classroom sessions, is documented in ESR.

Training and support options are available to enable all staff to develop and maintain the knowledge, skills, and competence required for their roles. For mandatory updates or staff with existing skills, a self-directed learning pathway is available, culminating in a clinical assessment. This reduces time spent in formal training, while ensuring staff can still access further learning support if desired.

Medical Procedural and Clinical Skills Training

The Clinical Education Team at DGFT plays a crucial role in facilitating and supporting the training and development of undergraduate and postgraduate medical, and physicians associate staff through the following:

Face to face training: The team supports clinical training across various specialties, ensuring that staff receive high-quality education and practical experience in procedural skills in a safe simulated environment.

Blended and digital learning opportunities: To foster a flexible and staff and student-centred learning environment, the team employs a blended learning approach, integrating traditional classroom instruction with digital tools. This approach is enhanced by interactive digital learning programs, such as the Nasogastric tube x-ray placement confirmation training, which also offers staff greater flexibility and ensures accurate training records. Furthermore, digital resources empower staff to review and reinforce their knowledge at their own pace.

Adherence to Standards: The team ensures compliance with the training curricula and educational standards established by the General Medical Council (GMC) for all levels of medical staff and physicians associates in training.

Quality Management: Participation in quality management and audit processes which is key to ensuring that assurance and governance structures support local and national patient safety strategies related to education.

Continuous Learning Culture: The team fosters a culture of ongoing learning, maintaining high standards in medical education and aligning with evolving clinical practices.

Nationally Recognised Courses: The team support the hosting of nationally recognised courses and assessments designed to evaluate and enhance the professional knowledge and skills of postgraduate medical staff, including Systematic Training in Acute Illness Recognition and Treatment (START®), Advanced Trauma Life Support (ATLS®), PACES, and FRCS® Vascular Exams.

The training courses provided within the Clinical Education Department are tailored to meet the needs of staff across various specialties, and settings such as those working in acute hospital and community settings. The courses offered throughout the year as either stand alone or combined skills training courses include the following:

- 2-day core clinical skills refresher (covering cannulation, venepuncture, NG feeding tube insertion, IV therapy, Oxygen therapy, ABG puncture, Blood gas analyser, Blood glucose, 12 lead ECG recording, urinary catheterisation)

- 2- day Medical Registrar competencies (NG tube insertion, Seldinger Chest Drain insertion and thoracentesis, Central line insertion, Knee aspiration, Abdominal paracentesis, and lumbar puncture).
- FY1 skills refresher sessions (covering cannulation, venepuncture, NG feeding tube insertion, ABG puncture, Blood gas analyser, urinary catheterisation)
- FY2 skills refresher sessions (covering NG feeding tube insertion, ABG puncture, Blood gas analyser and any other skills that are requested)
- 2- day Medical Registrar competencies (NG tube insertion, Seldinger Chest Drain insertion and thoracentesis, Central line insertion, Knee aspiration, Abdominal paracentesis, and lumbar puncture). Each of the specific skills is available, dependent upon trainer availability, at various times throughout the year as stand-alone courses.
- The Clinical Education Team also organise and assist training on the Radiology led, NG feeding tube x-ray interpretation courses held throughout the year.

4.0 Forward assurance

Clinical Accreditation – Nursing, Midwifery and AHP Excellence

During late 2024/25, the Trust has introduced a clinical accreditation programme, aligned to the national Nursing and Midwifery Excellence programme, utilising a comprehensive approach of reviewing clinical areas and to award a level of attainment to drive continuous improvement. A pilot has been conducted on two wards and the programme will commence its full delivery during late February 2025.

Medical service accreditation

Anaesthetics gastroenterology, hepatology, cardiology, respiratory and palliative care have all had their services externally accredited. The Diabetes service is in the process of compiling evidence for trust wide accreditation from the RCP.

Seeking external assurance is widespread within the Trust and represents an open and enquiring mindset

The Quality and Safety Delivery Plan

A 3-year Quality and Safety Delivery Plan is being developed to outline how the Dudley Group NHS Foundation Trust (DGFT) will deliver high quality and safe care to its patient population for the period 2025 - 2028. It will align to the Trust strategy and be supported by the Trust vision, values, and goals. The enabling plan will support the Trust to deliver on overarching priorities with clear yearly objectives to demonstrate proactive thinking and action, whilst ensuring there are sustainable outcomes for patients and staff.

The proposed overarching priorities include:

1. Improving partnership working
2. Staff development
3. Safe management of the deteriorating patient
4. Improving patient outcomes
5. Development and implementation of National safety standards for invasive procedures (NatSSIPS)
6. Safe medicines management
7. Care closer to home
8. Improving patient outcomes
9. Improving patient experience
10. Right workforce
11. Digitalisation infrastructure to support quality and safety

5.0 Recommendations

The following recommendations are noted from the 2022 report:

- **The breadth of patient safety data needs to increase.**
The Trust has identified via this report some opportunities to strengthen the data collection and analysis across the entire patient journey and not just hospital admission.
- **The accuracy of key patient safety measures needs to improve.**
The accuracy and visibility of measures is a priority for the CMO and CNO and a series of dashboards have been produced to support this. The opportunity to view safety across the patient journey is welcomed and will be pursued in 2025/26.
- **A workforce plan for the NHS and social care system is urgently needed.**
The CMO and CNO would support this position and have been working to strengthen multi-disciplinary teams across the Trust. Job Planning is well embedded in the organisation for medical staff with a 92% compliance in 2024/25 and for Allied Health Professionals. Despite the financial challenges, innovative workforce plans are encouraged, and critical clinical posts have continued to be approved.
- **Integrated Care Systems need to play a central role in monitoring patient safety.**
The Trust is well represented at ICB led meetings and one of the Trust's Deputy Medical Director's is a joint chair of the system mortality group. CQRM is an active and productive forum and provides challenge around both safety and quality at the Trust. There is an opportunity to work alongside the ICB to ensure the whole patient journey is considered in terms of safety.
- **Progress in the safety of maternity services needs to accelerate.**
The CMO and CNO can provide positive assurance associated with the improvement journey undertaken by maternity and neonatal services over the last 18 months and supported by the data presented in this report.

6.0 Next steps

- Progress the planned work as outlined in sections 2 and 3 of this report.
- Develop and launch a joint Quality and Safety Delivery Plan to support the work required and to positively contribute to the delivery of the Trust Strategy.
- Move on from a deficit model of patient safety to a fully developed model of safety, including a fully adopted approach of positive learning and forward assurance.
- Review the BAF risk 1.1 and ensure it reflects the recommendations from this report and alignment to the current strategic risks.
- Ensure alignment of all work associated with quality and safety with the refreshed Trust strategy, Quality and Safety Delivery Plan, which is currently being developed, and annual planning guidance requirements.
- To continue to develop a positive learning environment to complement the deficit correction model.

Paper for submission to the Public Board of Directors on 13th March 2025

Report title:	Integrated Quality and Operational Performance Report
Sponsoring executive:	Martina Morris, Chief Nurse and Director of Infection Prevention and Control Julian Hobbs, Medical Director Karen Kelly – Chief Operating Officer
Report author:	Leigh Dillon Associate Deputy Chief Nurse - Quality

1. Summary of key issues

This report summarises the Trust's Quality and Performance data for the month of January 2025 (December 2024 for Cancer and VTE). The data pack can be found in the reading room associated with this meeting.

Assure

Quality:

- **Dementia care:** A flaw in the data being pulled through from Sunrise has been identified that resulted in the reduced compliance reported in previous months. Following this being corrected, the compliance rate for January was 97%.
- **Gold Standards Framework:** GSF bundle is in the process of being digitised for Sunrise, date for go live is awaited. Increase in patient assessments has been noted, with an improvement in identification of GSF patients over the last 2 months.
- **Falls:** A decrease in falls in January with a 50% decline in moderate harm falls was noted. The falls lead and ADCN, Quality will work with Divisional leads to provide focused back to basics training to high-risk areas. Regionally, organisations have seen a similar picture regarding increased in falls over the winter period.
- **Eat, Drink, Dress, move initiative (EDDM):** The EDDM is a nationally recognised enabling approach to care that helps patients to actively participate in their recovery. The Trust has adopted the principles with Physiotherapist and Therapy clinical team for frailty, Latha Shankar leading the introduction of the approach as part of her Chief Nurse Fellowship programme. The work is being piloted by the therapy team on wards B6 with the aim to expand to C3 and FMNU with input from the MDT. Early evidence is demonstrating a significant change to the levels of activity of patients on the target wards.

The EDDM team has also been successful in their application to participate in a research project with Southampton University. The research project titled PIVOT: Promoting Increased Physical Activity in Hospitalised Older Adults with Trained Volunteers, will focus on the impact of targeted activity delivered by hospital volunteers on patient outcomes including length of stay, care needs on discharge and re-admission rates. The research programme is supported by National Institute for Health and Care Research (NIHR) and the site initiation visit on 8th January proved successful with training for the team of physiotherapists, assistant therapy practitioners and therapy assistants commencing soon. Trust volunteers will deliver 2 half hour sessions of daily activity following adequate training and continual support from registered staff. The process of recruitment is now underway with 14 volunteers identified. The project once initiated will involve data collection over a 6-month period in relation to patient's balance, mobility and strength. The team is also considering other elements that may need to be incorporated as part of the EDDM

philosophy such as impact on falls rates and pressure ulcers, other outcomes and patient experience. The Trust manual handling team have been working alongside the EDDM team to promote single handed care on the wards by introducing Transfer Pros which has received positive feedback from both the clinical support workers and nursing colleagues.

Performance

- **Emergency Performance:** In January ED 4-hour performance was at 77.78% vs the national target of 78%.
- **Cancer Performance:** The 28 day Faster Diagnostic Standard (FDS) achieved 84.1% (December 24 validated) against the constitutional standard of 77%. 31-day combined decision to treat performance achieved 94.3% in December against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. 31-day trajectory to achieve 96% submitted to ICB. Performance against the 62 Day combined target achieved 80.5% in December which remains above the national target of 70%.
- **DM01 Performance:** January's DM01 performance achieved 85.2%. The overall backlog of patients waiting to be seen is reducing month on month. Dexa and Cardiology continue to perform well at 95% or above. Sleep Studies, Cardiac MRI and Cardiac CT remain challenged. NOUS has seen a reduction in 6-week breaches.
- **Elective Restoration & Recovery:** January has shown continued improvement in the RTT performance, with zero 65-week breaches reported for the month. 52-week performance remains good. We continue to overachieve against trajectory, with the end of December position being 570 pathways ahead of plan. We are focused on achieving the 52-week standard for children and young people by the end of March 25, with 44 patients remaining in the cohort. January RTT position 58.7% vs 92% national target

Advise

Quality:

- **Safer staffing:** Good compliance with staffing on night shifts, with variable compliance during day shifts was noted. An increase in bank use across nursing and support workers to support additional patient occupancy and increased staff sickness. Corporate teams continue to support areas clinically. A 7-day census has been implemented to support discharges and flow with the ambition to close the additional beds by the end of March 2025, which should result in decreased bank usage. The Trust has maintained a zero use of nursing agency staff. Use of additional bed capacity is impacting on Lead Nurses and Matrons as they are working more clinically, contributing to soft signs of quality and safety impact as the supervisory time for the Lead Nurses has reduced.
- **Pressure Ulcers:** An increase in reported pressure ulcers was observed. 66 of the 229 PUs reported went to investigation and only 8 were deemed moderate harm. The Trust is seeing a continual increase in pressure ulcers in the community and as a result, the Tissue Viability Team are exploring a 60/40 acute/community support model to support community teams to further develop and enhance skills and knowledge in prevention, management and holistic assessments of wounds.
- **Safeguarding:** Following four consecutive months of decreasing safeguarding CYP referrals, January saw a significant increase which may be attributed to children returning

to school and correlates with the rise in MH CYP attendance. The safeguarding children team have noted an improvement in staff professional curiosity which could also be a contributory factor to referral increases.

- **Vital Signs Compliance:** Slight improvement in compliance for completing observations on time to 51.11% in January. Of this percentage, 92.42% were completed within 15 minutes.

Performance

- **ED Triage:** January's Overall Triage position is 76.4% 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 8,790 attendances. This has decreased when compared to the previous month of December with 9,337. 11 out of the 31 days saw >300 patients. 3031 patients arrived by ambulance; this shows an increase from the 2948 ambulances that attended last month. 601 of these offloads took >1hr (20%). This shows an improvement when compared with last month's performance of 33%.
- **Cancer (Data to December):** Since October 2023 National Cancer Constitutional standards now monitor against 28 day Faster Diagnostic Standard (FDS), 31-day combined decision to treat, and 62 days combined referral to treatment. 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 94.3% in December against the national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. Urology, gynae and skin are tumour sites most challenged. 31-day trajectory to achieve 96% submitted to ICB.
- 31 day combined & 62 combined actions
 - -Prostate: biopsy capacity to increase in Feb 25 following extra clinic being opened and nurse training nearing completion.
 - Gynae: first appointment times have increased. Extras are being provided, and mutual aid has been requested.
 - Skin: Nurse biopsy clinics commencing in March 2025 to support diagnostics and low-grade excisional biopsy capacity.
- **DM01:** January DM01 performance achieved 85.2%. The overall backlog of patients waiting to be seen is reducing month on month. NHSE target by end of March 2025 is to report zero 13-week breaches and 95% of patients to be seen within 6 weeks.
- **Elective Restoration & Recovery:** 52-week performance remains good. We continue to overachieve against trajectory, with the end of December position being 570 pathways ahead of plan.

Alert

Quality:

- **Infection Prevention and Control:** No COVID outbreaks, x4 norovirus outbreaks and x1 influenza A outbreaks reported during January. In addition, a period of increased incidence (PII) related to VRE in critical care has been noted with remedial actions in progress. CDI incidence has now exceeded the Trust's threshold which is the case in all acute providers in the system therefore a system review is being planned. The latest version of IPC BAF is located in the reading room associate with this meeting. With regards to the

vaccination programme, the Trust has been commended by the system Immunisation Board for our success with vaccinations within maternity.

Performance

- Nil to report

2. Alignment to our Vision

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

3. Report journey

Trust Management Group
 Quality Committee
 Public Trust Board

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note and discuss contents of this report and gain assurance on oversight of quality, safety and operational performance.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 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		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		Build 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 Board of Directors
on 13 March 2025**

Report Title:	Learning from Deaths
Sponsoring Executive:	Dr Julian Hobbs, Medical Director
Report Authors:	Dr Philip Brammer, Deputy Medical Director Mrs Nuala Hadley, Mortality Co-ordinator

1. Summary of key issues

Assure

- Sustained improvement of perinatal/paediatric mortality
- Improved SHMI in 2 areas of focus where improvement work has been initiated
- Structured Judgement Reviews providing assurance of good care for the trust
- Perinatal Mortality remains the national level (MBRRACE)

Advise

- Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) continue to be within the national expected range

Alert

- Cumulative Sum (CUSUM) and Variable Life Adjusted Display (VLAD) alerts – small numbers being monitored via Clinical Coding and Mortality Surveillance Group (MSG)

2. Alignment to our Vision

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

3. Report journey

Clinical Effectiveness Group, Mortality Surveillance Group, Quality Committee

4. Recommendation(s)

The Public Trust Board is asked to:

- Note the assurance of a SHMI and HSMR within the expected range
- Note the ongoing work in relation to mortality in the Trust
- Note assurance of good care identified in the Structured Judgement Reviews

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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

1. EXECUTIVE SUMMARY

SHMI is currently 101.27 and HSMR is currently 86.56. Both are now within the expected range, with HSMR as a positive outlier.

The work within the surgical division related to fractured neck of femur is ongoing and we continue to pursue sustained improvements through quality improvement work. Both Stroke and Fractured Neck of Femur are showing a decrease in SHMI with Stroke now at 103 and #NoF at 111, highest recorded 146 in April 2022, highest recorded SHMI was 133.2 in July 2022.

Maternal and neonatal services have pursued a wide-ranging review of their processes and services with improving mortality parameters. Extended Perinatal Mortality is 5.04 (MBRRACE 2024) and in January 2025 at The Dudley Group (DGFT) the rate is 3.65

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

BACKGROUND INFORMATION

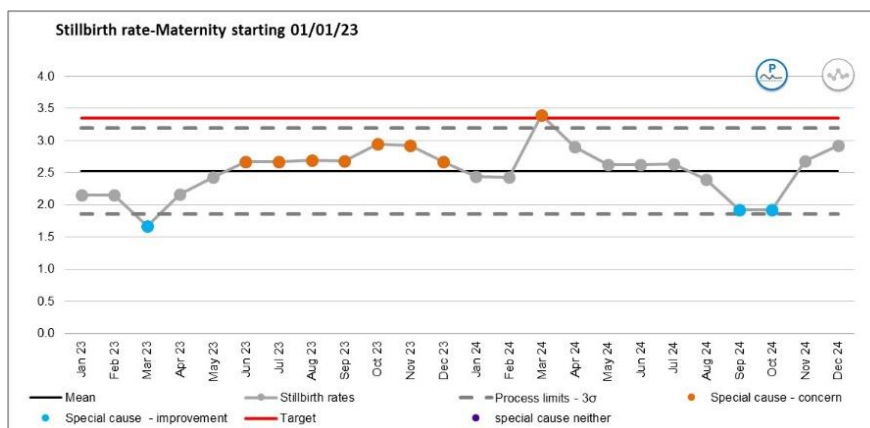
This report has been structured to review outcomes throughout the chronological life cycle from conception to end of life care.

2.1 Conception to Birth

2.1.1 Stillbirths

The National stillbirth rate is 3.35 (MBRRACE 2024) with a Trust crude stillbirth rate of 2.92 which is a slight increase in Quarter 3 2024/2025

Chart of the stillbirth crude rate and national rate

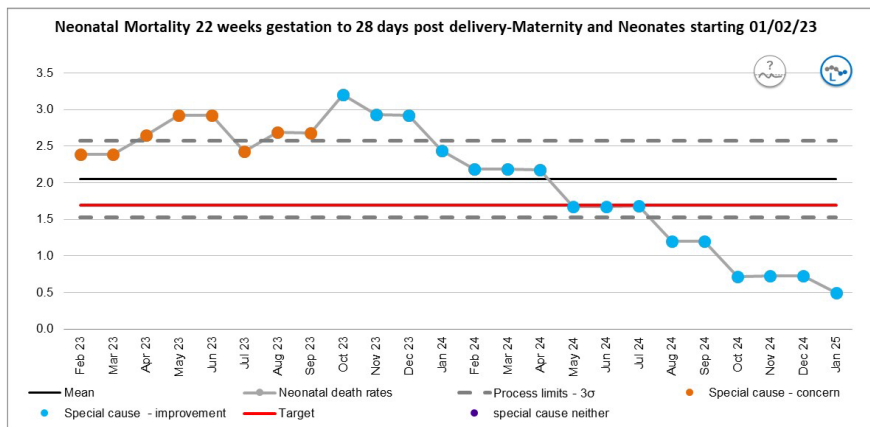


2.1.2 Neonatal deaths

The National rate for Neonatal deaths (NND) is 1.69 (MBRRACE 2024) and in January 2025 at DGFT the rate is 0.49, which is a decrease on the previous month.

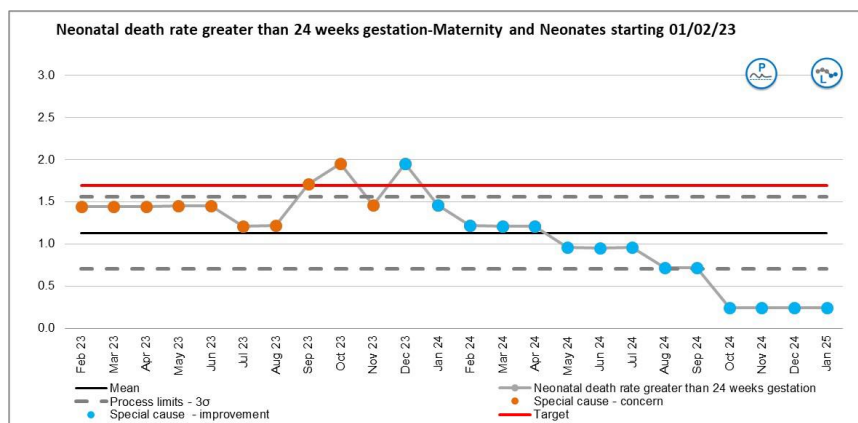
MBRRACE (2024) neonatal death crude rate (1.69) only includes NND from 24 weeks gestation and when DGFT rate is recalculated including NND >24 weeks gestation the rate is 0.24 per thousand births.

It should be noted that from 01.02.2024 to 31.01.2025 there were 2 neonatal deaths (22+0 weeks gestation to 28 days following birth), 1 of these were >24 weeks gestation.



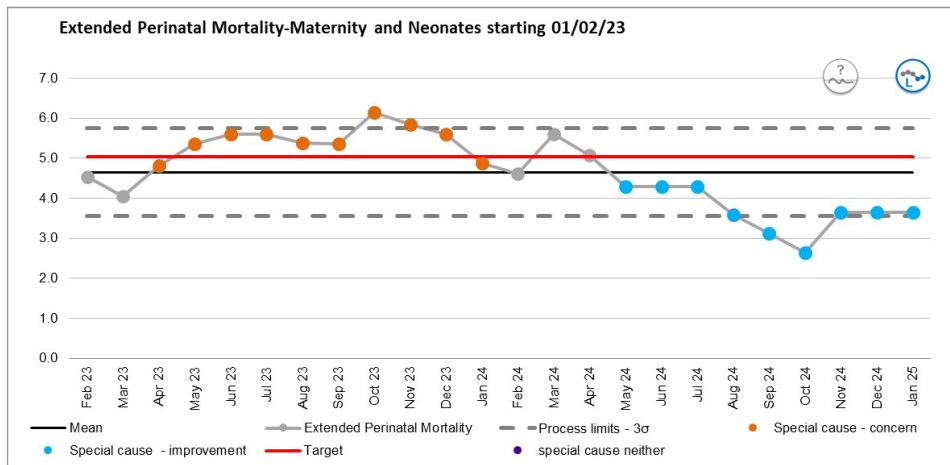
The above Chart details all NND from 22+0 weeks gestation to 28 days following birth, the rate has further declined in January 2025.

The chart below demonstrates neonatal deaths >24 weeks gestation and the national crude rate. When the rates are recalculated for NND >24 weeks they again show that the rate has remained stable over the last 4 months.



The National rate for Extended Perinatal Mortality is 5.04 (MBRRACE 2024) and in January 2025 at DGFT the rate is 3.65, this rate has been sustained over 3 months.

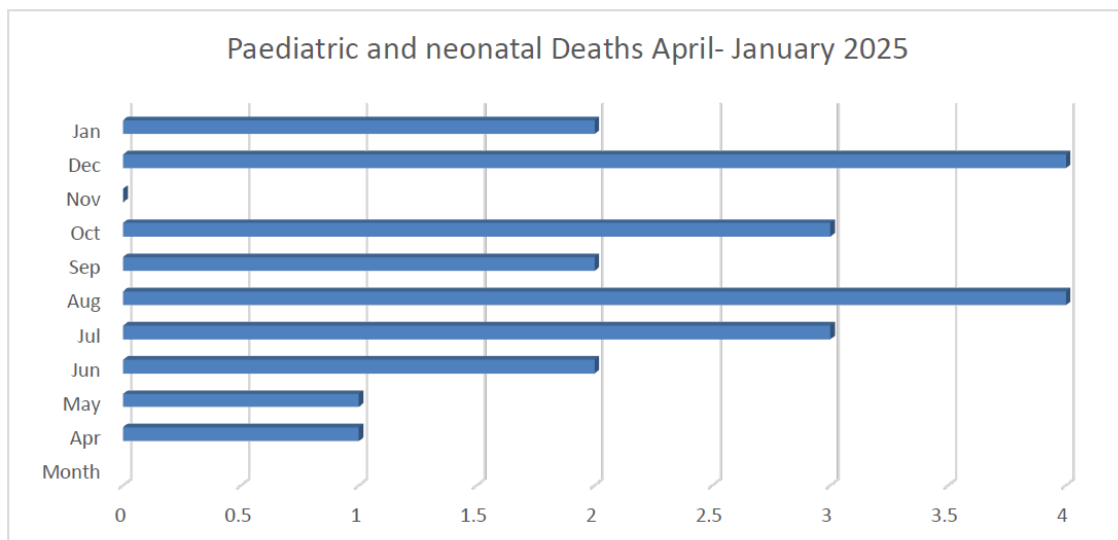
Although there was an increase in the rate in November, the rate in December 2024 and January 2025 is consistent with this, it remains below the national rate 5.04.

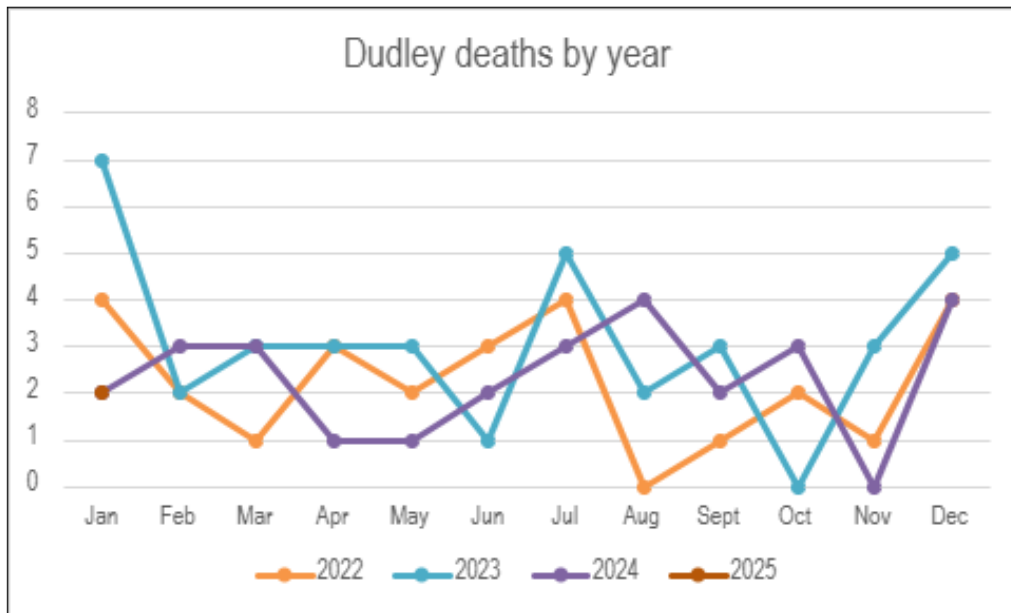


2.2. Paediatric

Child Deaths

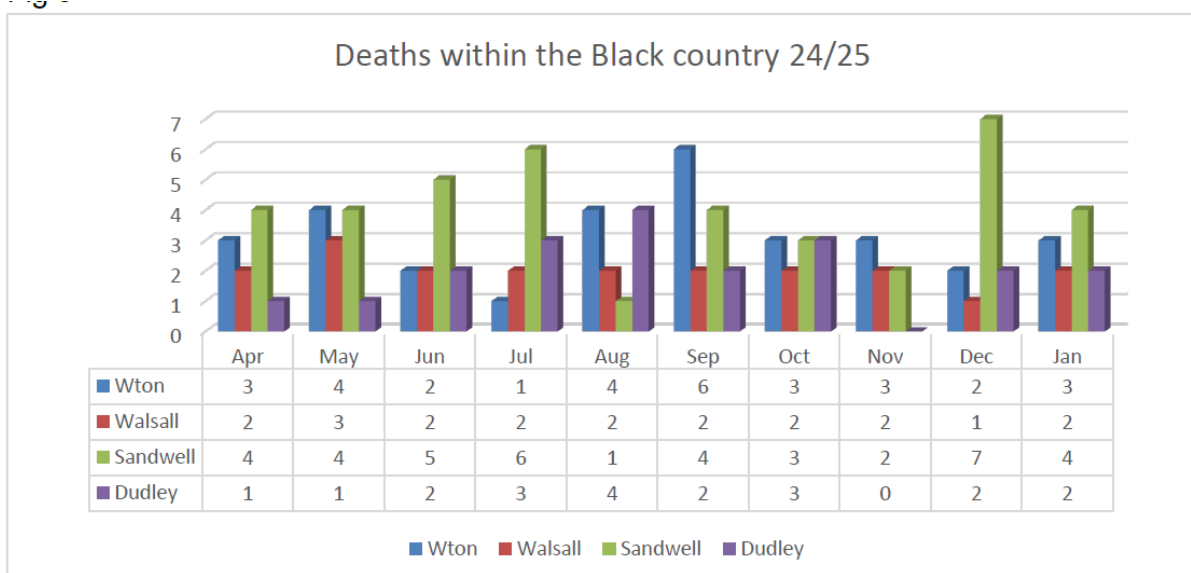
There have been two paediatric deaths in January, these were two neonatal deaths relating to Dudley children and no deaths of children at Russells Hall hospital who reside out of the borough. There are currently 26 deaths of Dudley children being reviewed by the child death review team.





The deaths for January 25 are comparable to 2024 and significantly less than the previous years of 2022 and 2023. The deaths for 2024 and 2025 relate to babies born and died of complications of extreme prematurity. In January 2023 there was significant rise in our deaths, this was reflected nationally and has not been repeated.

Figures from the office for National statistics (ONS) 2023 show that in England and Wales 581,363 deaths were registered of which 3743 deaths were 0-17years age. In 2023 -There was a total of 3,611 Dudley deaths, 35 of these were deaths of 0-17years. (0.96%) of the total.



In January there were 11 deaths in total in the Black Country

2.3. Adult Mortality

The Trust mortality indices continue to show stability as shown below. We have seen a slight increase in SHMI but this has subsequently plateaued and we are continuing to

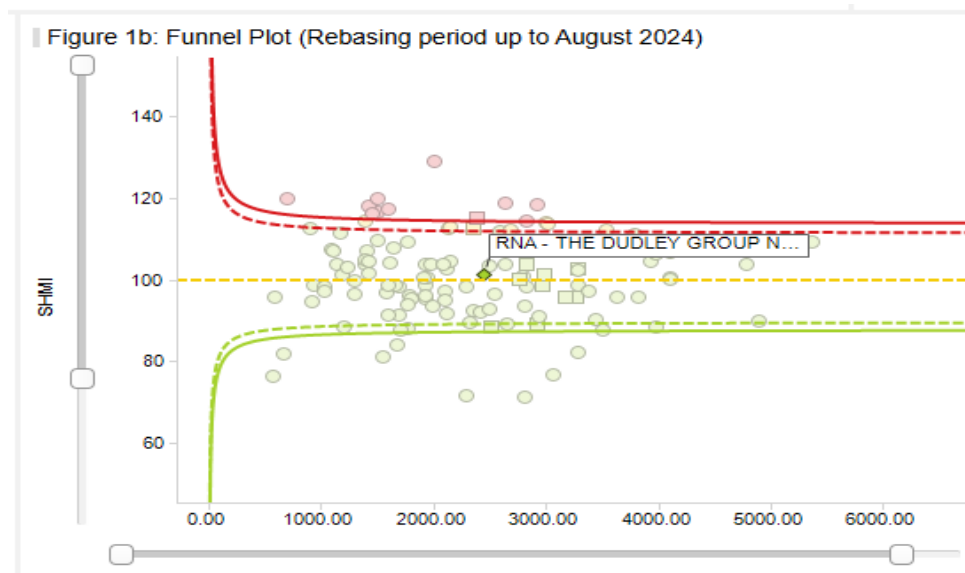
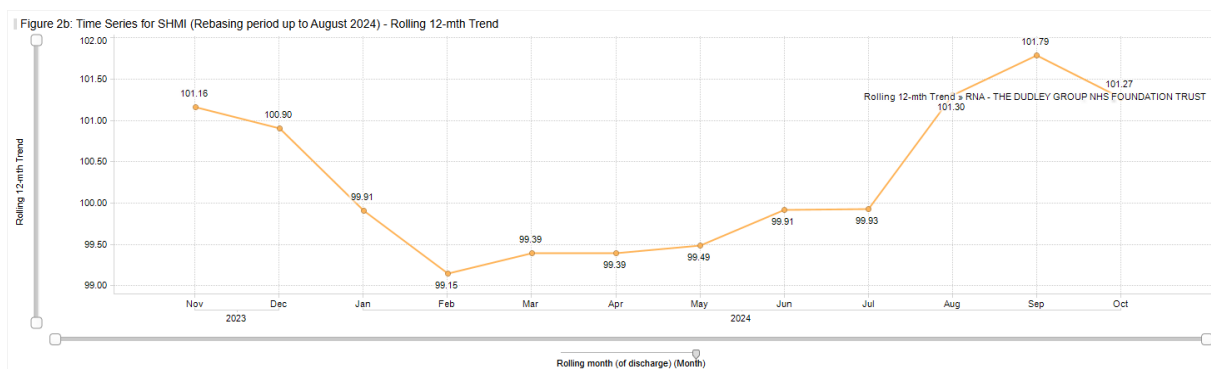
monitor closely. The run chart of inpatient deaths also showed a slight increase over the recent winter period 2024-2025 which is increased from December/ January 2023-2024 but the data is comparable to that seen in December/ January 2022-2023. We are reviewing these deaths to isolate any themes or learning.

However, the HSMR which describes inpatient deaths shows stability at 86.56 and we remain a positive outlier.

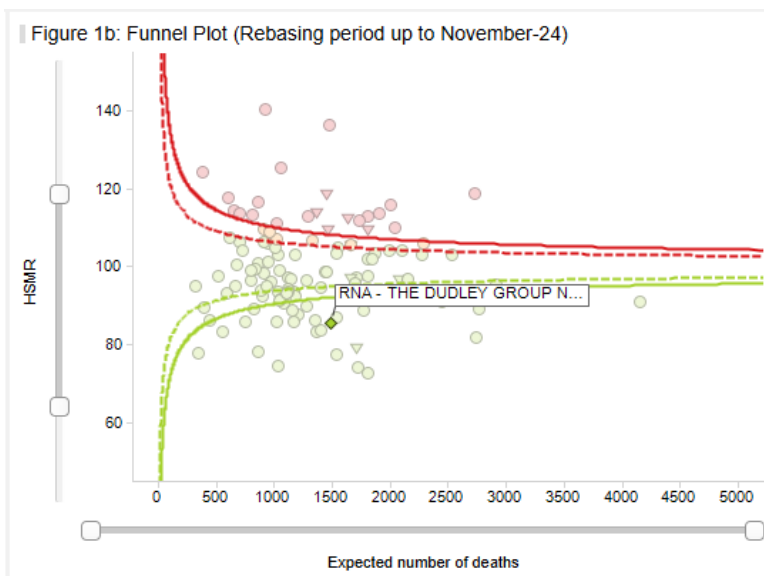
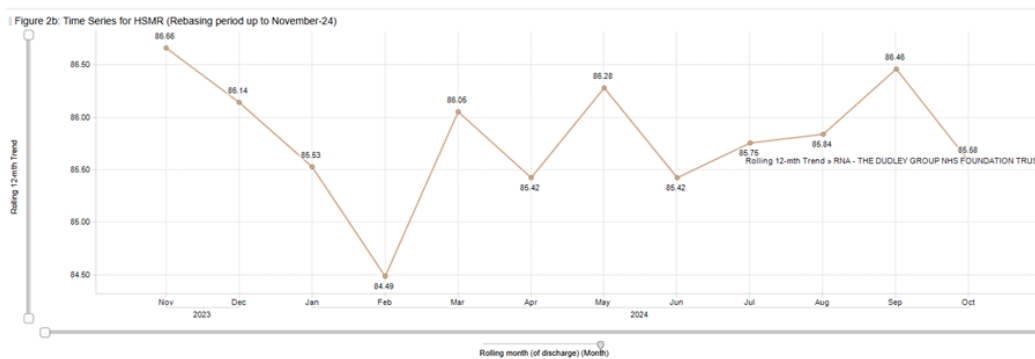
We will continue to monitor closely with continued review of SJR cases and specific coded groups from HED and NHS digital data. We have recognised slight increase in SHMI for pneumonia at 110 which has increased since November 2024. At the same time, we have some assurance from improved community acquired pneumonia AQUA data which reflects the care bundle performance. Other highlighted areas on CUSUM alerts/VLAD represent very small numbers (e.g. oesophageal disorder). We are currently reviewing this data.

Depth of coding remains good.

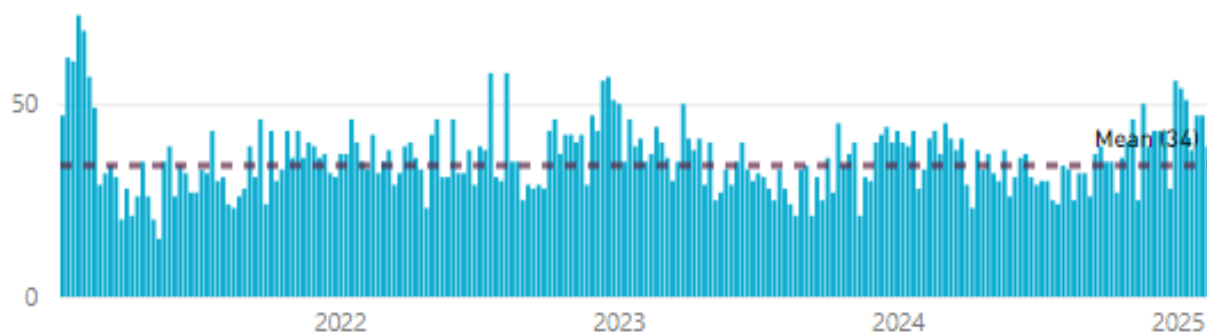
SHMI – Nov 23 to Oct 24 = 101.27



HSMR Nov 23 to Oct 24 = 86.56

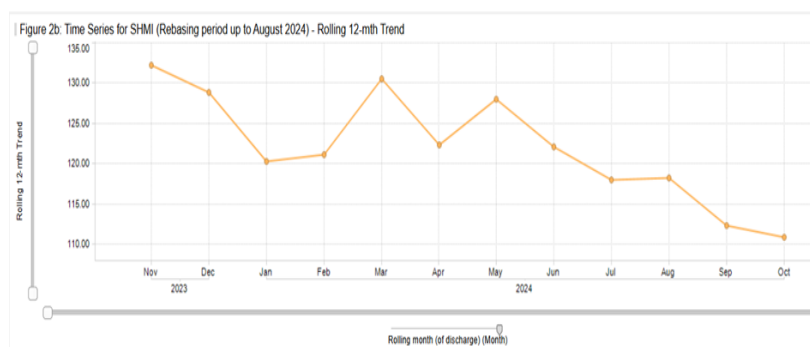


In hospital deaths 2021 - 2025



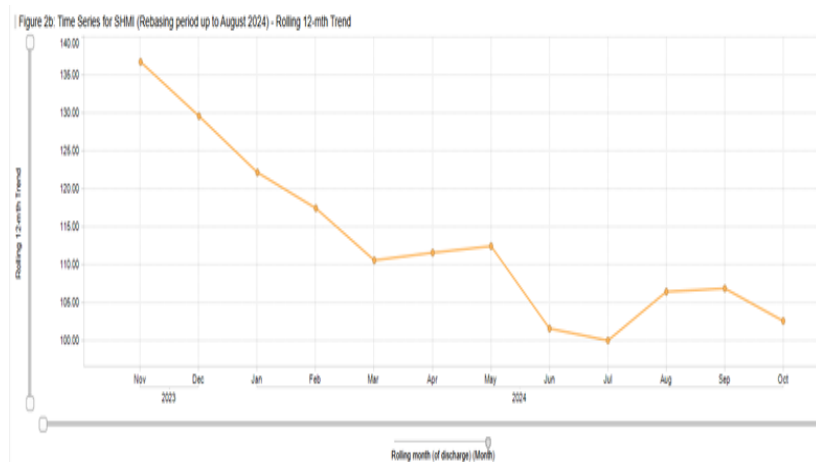
2.3.1 Improvement work

Fractured Neck of Femur – current SHMI 111.71



In November 2023 an improvement group was formed to identify why the trust had an SHMI for fractured neck of femur patients. The working group is meeting on a twice monthly basis and bases the work around the KPIs set out by the National Hip Fracture Database. The SHMI is trending on a steady decline since May 2024.

Acute Cerebrovascular Disease – current SHMI 103



Continued validation of patient notes to confirm that documentation and coding are correct. SSNAP score is now B but with continued reviews of the national audit will help to identify where areas may be improved. The 12-month rolling SHMI for acute cerebrovascular disease – demonstrates that current improvement work is assisting in the reduction in mortality for this condition.

2.3.2 Assurance

Structured Judgement Review

All deaths are being reviewed by the Medical Examiner and any issues are escalated to the mortality co-ordinator on a weekly basis for consideration of SJR. There were 157 cases referred for 2024. 67% have been reviewed and 92% showed average to excellent care. The cases with poor to very poor care have been reviewed by the Governance team. There are no cases reviewed for 2024 with avoidability more likely than not. 38 cases were reviewed as part of the PSIRF. Currently for 2025 there have been 30% of the referrals reviewed and 64% show adequate to excellent care. The outstanding reviews for 2024 will be completed as priority following any PSIRF and LD reviews.

Learning from SJRs

End of Life

A number of SJRs reflected delays in fast-track discharges and poor discharge planning at end of life resulting in readmission. There were also instances of inappropriate CPR at end of life related to poor communication or planning and failure to transfer TERP or RESPECT documents.

Monitoring

Several cases identified the need for improved scrutiny and acknowledgement of all results both in inpatients and outpatients. For some inpatients this resulted in premature discharge.

It was also noted for the need to ensure that detailed clinical assessment was both recorded and acknowledged.

It is also noted that a number of SJRs reflected an increase in the number of falls.

The SJR team reflected on the increased pressure of patient flow and admissions but recognised the need for increased vigilance and improved/ robust discharge processes as well as ensuring that all abnormal results/ assessments were acted upon.

A recent mortality review from acute medicine reflected this narrative and has been presented to the front door team. Further audit work is being undertaken within the mortality team to address these issues.

It was noted that the Stroke pathway was working well and there was evidence of good care.

Medical Examiner Service

The Medical Examiners service has consistently reviewed 100% of deaths in the previous 12 months. The statutory start date for community deaths was 9th September 2024 and whilst there is a marked increase in the total number of deaths reviewed the service is still maintaining 100%.

Coroners Inquests

The Trust has noted reducing numbers of Coroner's inquests. There have been no Regulation 28 notices issued by the HM Coroner since 2018. The lead medical examiner undertakes a review of all PFD notices nationally to find applicable learning ahead of any NPSA alerts.

Future Work Planning

Continued focus on specific clinical conditions with high SHMI particularly #NOF and stroke. We are also refocusing on pneumonia data to assess areas for further improvement and monitoring.

Continued work on EMLAP pathways to review and improve processes. This is based on incident reporting data rather than specific SHMI alerts. We are planning a systematic review of other condition specific SHMI areas where we feel there is scope for improvement.

We will be seeking assurance of mortality processes related to the implementation of ECDS (Emergency Care Data Set) coding. We do anticipate potential fluctuation of the SHMI data and specifically anticipated transient increase. We will thus monitor HSMR very closely to provide assurance.

We are continuing to work with AQUA to optimise provision of care bundles and adherence to quality standards. We are also working closely with governance to monitor patient safety concerns/ complaints.

2.3.3 Learning Disabilities

Deaths in Trust of people with a learning disability:

Month	Deaths in Hospital	Reported to LeDeR
May	1	1
June	2	2
July	2	2
August	2	2
September	1	1
October	1	1
November	1	1
December	1	1
January	2	2

There has been some need for recruitment in the Learning Disability Team due to staffing changes. However, the team remain very visible to support the needs of patients and families.

RECOMMENDATIONS

- Attendance of Divisional Meetings to raise awareness of LeDeR
- Development of a LeDeR Action Plan

The Board can take assurance that the support, reasonable adjustments and communication needs of patients with a learning disability is addressed.

2.3.4 End of Life

GSF (Gold Standards Framework)

The Gold Standards Framework (GSF) supports clinicians in identifying patients in their last year of life to aid the development of proactive, personalised, coordinated care.

The Gold Standards Framework (GSF) implementation commenced in 2019 at The Dudley Group NHS Foundation Trust (DGFT) to support identification of patients in the last year of life and development of an individual plan of care to support patients.

Recent review supports impact of GSF including increased use of Advance care planning

and reduction of admissions in the last 3 months of life and reduction deaths in hospital. 3 wards planning on applying for GSF accreditation – B2 (st 3 and 4), AMU 1 and 2, C1b. C7 planning on applying for GSF re-accreditation in 2025.

Identification of GSF improving to 17% for December 2024.

The following risks have been raised by the group –
Risk Register

1. COM 2024 Inadequate GSF data inputting on Oasis for EOL patient
2. COR 2423 Due to variability to respond to Fast Track Palliative Discharge patients are not reaching their preferred place of care in a timely manner resulting in a End of life care breach in the Gold Standards Framework which could potentially lead to a poor experience for patient and their family.

3. RECOMMENDATION

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

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

Nuala Hadley and Dr P Brammer on behalf of Dr Julian Hobbs
27/02/2025

Data Pack

Perinatal Mortality

		Crude Rate	National crude rate	Number of stillbirths
Quarter 4 2023/2024	Jan-24	2.44	3.35	0
	Feb-24	2.43	3.35	0
	Mar-24	3.4	3.35	4
Quarter 1 2024/2025	Apr-24	2.9	3.35	0
	May-24	2.62	3.35	0
	Jun-24	2.62	3.35	2
Quarter 2 2024/2025	Jul-24	2.63	3.35	0
	Aug-24	2.39	3.35	1
	Sep-24	1.92	3.35	0
Quarter 3 2024/2025	Oct-24	1.92	3.35	1
	Nov-24	2.68	3.35	3
	Dec-24	2.92	3.35	1

	Crude Rate	National crude rate	DGFT > 24 weeks gestation	Number of NND
Feb-24	2.19	1.69		0
Mar-24	2.19	1.95	1.21	0
Apr-24	2.18	1.69	1.21	1
May-24	1.67	1.69	0.96	0
Jun-24	1.67	1.69	0.95	0
Jul-24	1.68	1.69	0.96	0
Aug-24	1.2	1.69	0.72	0
Sep-24	1.2	1.69	0.72	0
Oct-24	0.72	1.69	0.24	0
Nov-24	0.73	1.69	0.24	0
Dec-24	0.73	1.69	0.24	1
Jan-25	0.49	1.69	0.24	0

	Extended Perinatal Mortality	National Crude Rate
Feb-24	4.62	5.04
Mar-24	5.59	5.04
Apr-24	5.08	5.04
May-24	4.29	5.04
Jun-24	4.29	5.04
Jul-24	4.3	5.04
Aug-24	3.52	5.04
Sep-24	3.13	5.04
Oct-24	2.64	5.04
Nov-24	3.65	5.04
Dec-24	3.65	5.04
Jan-25	3.65	5.04

Paediatric Mortality

The table below provides population data published in 2023 to provide figures relating to our Black country peers.

Area	Total Population	Number of children age 0- 17	% of total population age 0 - 17
Dudley	326,614	69,685	21.34%
Sandwell	348,619	86,456	24.80%
Walsall	289,298	70,033	24.21%
Wolverhampton	272,627	65,246	23.93%

Information Source: ONS Mid year population estimates 2023

England	57,600,645	11,970,363	20.78%
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Depth of Coding

Episode End Month	Total Activity	Diagnosis Coding Depth	Average Diagnosis Coding Depth
November 2023	14141	99622	7.0449
December 2023	13123	95246	7.2579
January 2024	14130	105633	7.4758
February 2024	13804	100187	7.2578
March 2024	14053	103025	7.3312
April 2024	13920	100469	7.2176
May 2024	14665	104690	7.1388
June 2024	13607	100627	7.3952
July 2024	15013	112281	7.4789
August 2024	14407	106613	7.4001
September 2024	14313	107413	7.5046
October 2024	15733	117912	7.4946
Grand total	170909	1253718	7.3356

DoC nationally stands at 7.06 codes per episode.

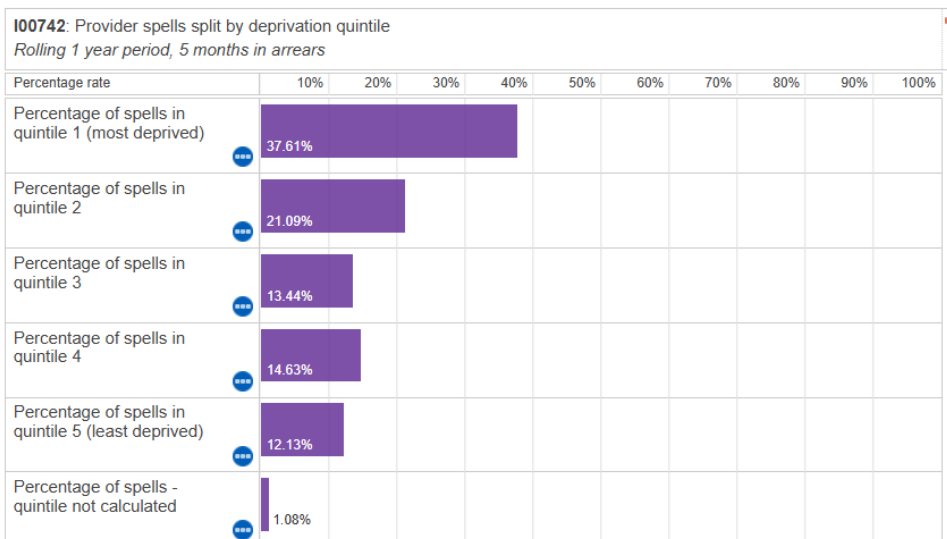
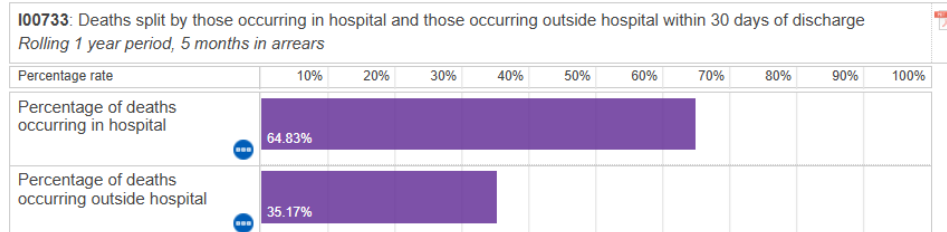
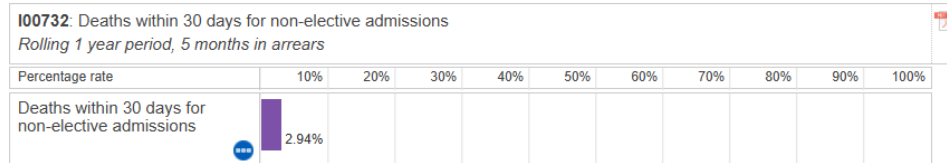
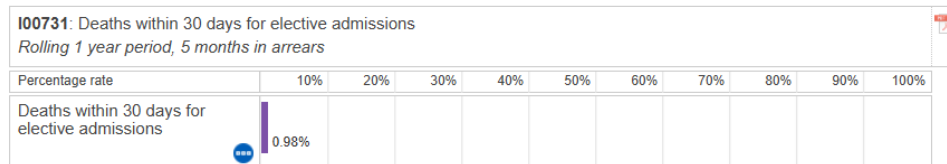
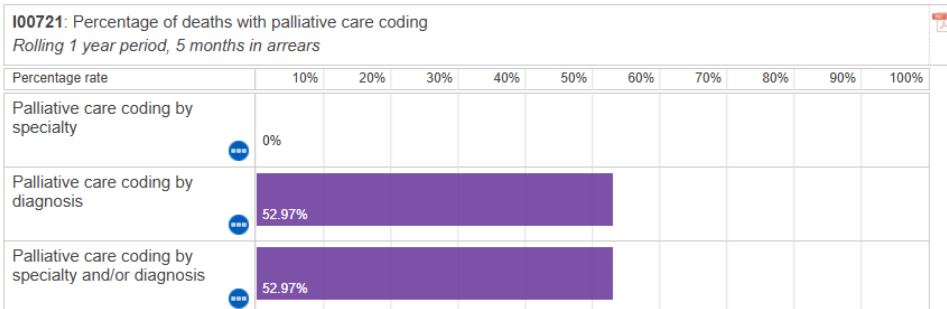
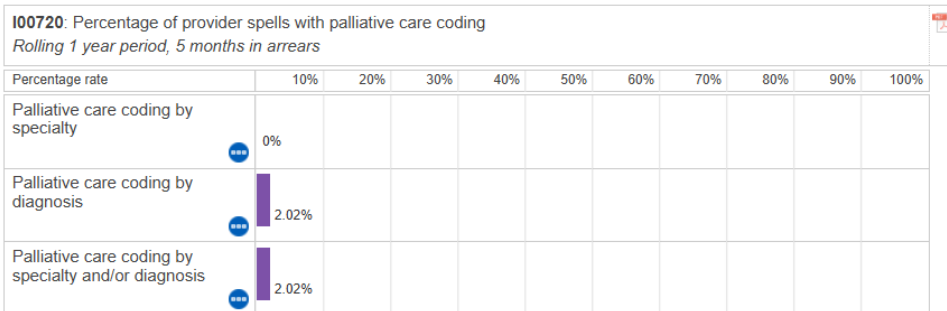
National peers = 7.18 codes per episode

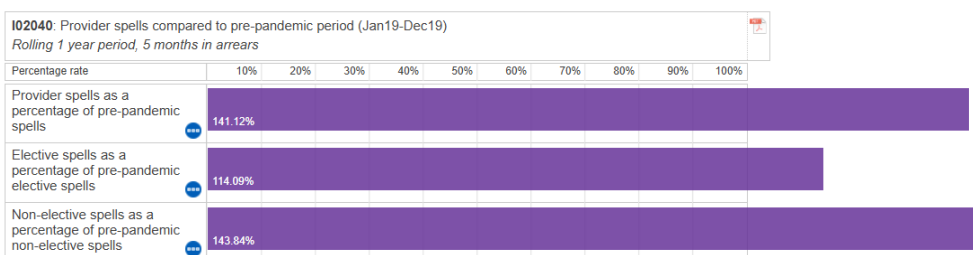
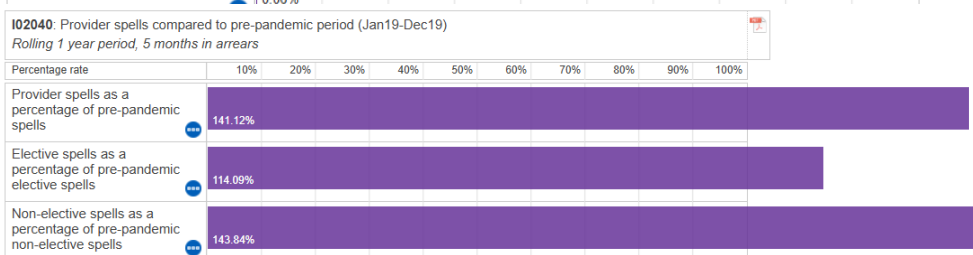
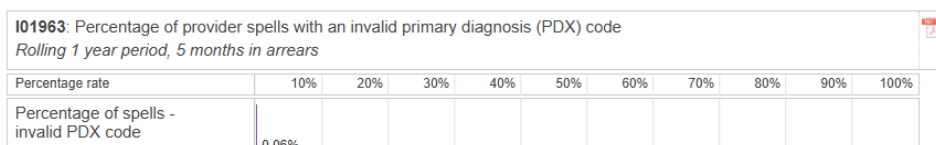
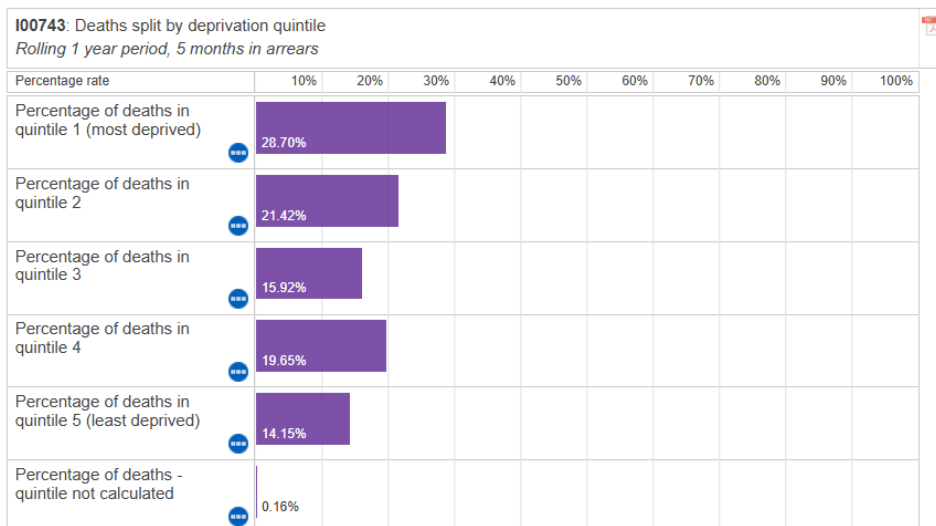
Black Country peers = 6.99 codes per episode

Overall Standardised Mortality indices: SHMI & HSMR

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

Contextual indicators • October 2023 – September 2024





Cumulative Sum (CUSUM) Alerts

CUSUM triggers are an early warning of potential further alerts. Care must be taken when analysing the data as the alerts could be for a small number of patients.

Mortality Cumulative Summary Aggregated (HSMR) - 122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	<u>November 2024</u>	5.80	
Mortality Cumulative Summary Aggregated (HSMR) - 146 - Diverticulosis and diverticulitis	<u>November 2024</u>	6.87	
Mortality Cumulative Summary Aggregated (HSMR) - 201 - Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	<u>October 2024</u>	7.03	



VLADs for alerts - last 3 months

VLAD charts are used to show long-term trends in treatment outcomes. Here, we show the 'number of lives saved' against case number, where 'lives saved' is calculated as a running total of (expected number of deaths) – (observed number of deaths). For each case the risk of death is calculated using the same methodology as used in calculating the SHMI (HES-based) value.

Pneumonia - Triggered September 2024 Oesophageal Disorders – August 24

Trust End of Life Action Plan

Trust priorities from Strategy 20023 – 2026	Lead	Gaps/issues	RAG
One or more adult wards a year achieve GSF accreditation	JB/KH	B2 (st 3 and 4), C1b and AMU 1 and 2 application submitted Jan 2025 and accreditation process to be followed	Green
Wards achieve re-accreditation when required (every 3 years)	JB/KH	C7 application for re-accreditation in 2025 and process to be followed	
Improvement of achievement of preferred place of care for those patients identified as GSF red or amber on discharge or death in hospital	JB/KH	Target 70% achievement average 60% If teams do not update the GSF document on sunrise this will not be accurate. GSF bundle to replace GSF document and currently in testing phase	Yellow
Improvement with regards to recognising patients in the last year of life to support individualised plans (we know 30% of adult inpatients are in the last year of life)	JB/KH	Aiming 20% March 2025 – currently 17% December 24	
Improvement in offering of Advance Care Planning for patients identified as GSF.	JB/KH	Aiming 70% and currently nearly -50% improving with education	
Level 2 priority training for end of life care has been implemented trust-wide and is measured and reported through divisions	RA	Achieved and now need to maintain	Green

Trust priorities from Strategy 20023 – 2026	Lead	Gaps/issues	RAG								
District nurse teams identifying patients in the last year of life using appropriate care plans and agreed standards of response, GSF amber weekly and red daily which can be monitored through divisional reporting	GW	Report at Trust end of life care group – 80% achievement GSF AMBER weekly and 100% GSF red daily . Quarterly reports initially and then review if consistent. Risk to be updated.	Yellow								
Agree rapid discharge process that is auditable and has agreed standards.	AC	<table border="1"> <thead> <tr> <th>Action Description</th> <th>Action due date</th> </tr> </thead> <tbody> <tr> <td>Development of a short SOP for Fast Track discharge of Palliative patients</td> <td>10/02/2025</td> </tr> <tr> <td>Development of agreed standards of response for Fast Track discharge in the Black Country</td> <td>10/02/2025</td> </tr> <tr> <td>Development of a dashboard to allow monitoring of the outcomes for patients requiring fast track discharge</td> <td>27/05/2025</td> </tr> </tbody> </table>	Action Description	Action due date	Development of a short SOP for Fast Track discharge of Palliative patients	10/02/2025	Development of agreed standards of response for Fast Track discharge in the Black Country	10/02/2025	Development of a dashboard to allow monitoring of the outcomes for patients requiring fast track discharge	27/05/2025	Red
Action Description	Action due date										
Development of a short SOP for Fast Track discharge of Palliative patients	10/02/2025										
Development of agreed standards of response for Fast Track discharge in the Black Country	10/02/2025										
Development of a dashboard to allow monitoring of the outcomes for patients requiring fast track discharge	27/05/2025										
Support implementation of Electronic Palliative Care Co-ordination Systems which will be across the Integrated Care Board.	JR	<p>ICB led – unclear timelines digital representative will be invited to next Trust EOLC group meeting and consider if risk needs raising</p> <p>6 monthly reports to Trust EOLC group</p>	Red								

Paper for submission to the Board of Directors on 13th March 2025

Report title:	Month 10 Financial Position
Sponsoring executive:	Chris Walker – Interim Director of Finance
Report author:	Chris Walker – Interim Director of Finance

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

Assure

1. The Board is asked to note the Month 10 (January 2025) Trust financial position. After technical changes the **January cumulative position is a £3.250m deficit**. This position is £0.166m better than the updated phased plan agreed by NHS England in September.
2. The Trust is forecasting that we will achieve our 2024/25 financial year planned deficit of £1.590m after technical adjustments.
3. The Trust is forecasting a healthy cash balance for the 2024/25 financial year following receipt of deficit funding cash.
4. The Trust is forecasting achievement of its revised capital plan for 2024/25.

Advise

1. The Black Country Integrated Care System has now received £119.2m of non-recurrent deficit funding from NHS England. This now means the System's financial plan is a breakeven position. Revised phased plans have been submitted to NHS England for all providers. The Trust's revised financial plan is now a £1.590m deficit (previously £32.565m).
2. The Board is asked to note the Black Country Integrated Care System January 2025 financial position and year end deficit plan of breakeven. The January position is £15.474m worse than the revised plan agreed with NHS England in September. Following a forecast review by the System several providers are reporting they will not achieve their financial plans. The Integrated Care Board have identified non-recurrent items to mitigate some of this non-delivery with the remainder being allocated to providers to achieve stretch targets on their financial plans.

Alert

1. Performance against the Elective Recovery Fund continued to be positive against the NHS England plan in January however the Trust has fallen behind its internal forecast this month.
2. Pay expenditure to the end of January showed an overspend of £10.845m against plan. Substantive whole time equivalent reductions were not achieved compared to the January plan after taking into consideration income backed workforce additions. Bank expenditure continues to be very high because of continued emergency activity pressures which includes the continued operation of un-funded surge beds to cope with these pressures.
3. The Trust has underachieved on the Cost Improvement Programme plan as at the end of January by £0.261m.

4. Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £0.690m.
5. Both the medicine division and surgery divisions did not achieve their financial forecast positions for January. Continued cost pressures associated with emergency activity and a shortfall on Elective Recovery Fund performance against forecast were the main contributors to this position. Both divisions will need to recover the shortfall seen in January over the remaining two months of the financial year for the Trust to achieve its financial plan.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]	
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
Month 10 (January 2025) detailed finance report presented to the Finance and Productivity Committee on the 27 th February 2025.
Summary Month 10 financial report presented to Executive Directors on 18 th February 2025.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the financial performance for the month of January 2025.
b) Note the reported Trust and System 2024/25 financial year end position.

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 2024/25 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: No		
Is Equality Impact Assessment required if so, add date: No		

FINANCE REPORT

REPORT TO PUBLIC BOARD OF DIRECTORS ON 13 MARCH 2025

1. EXECUTIVE SUMMARY

- 1.1 After technical changes the **January cumulative position is a £3.250m deficit**. This position is £0.166m better than the updated phased plan agreed by NHS England in September 2024.
- 1.2 The actual position in January compared to plan shows a continued deterioration against plan as seen in the previous two months (December £0.812m better than plan). January saw continued cost pressures associated with emergency activity and a shortfall on Elective Recovery Fund performance against forecast. An updated December forecast was presented to the last Finance and Productivity Committee, and the January position has fallen short by £0.431m putting achievement of the financial plan at risk.
- 1.3 Performance against the Elective Recovery Fund continued to be above the NHS England plan in January. Estimates for January year to date activity show a predicted over performance of £12.702m against the Elective Recovery Fund NHS England target. Whilst the Elective Recovery Fund performance against the NHS England target remained positive in January, there was a shortfall against an updated internal plan which had assumed a greater delivery in line with divisional financial recovery actions. This was the main reason for the deterioration against the forecast position for January.
- 1.4 Pay expenditure to the end of January continues to overspend against plan with an overspend of £10.845m. Substantive whole time equivalent reductions were not achieved compared to plan as at the end of January resulting in substantive pay costs being £4.153m above plan (this includes £1.560m relating to the band 2 to 3 costs). Bank expenditure continues to exceed plan up to January with bank now being overspent by £6.171m. Agency usage remains low and has decreased in January compared to the past three months and is £0.521m overspent against plan.
- 1.5 Non pay spend reduced slightly from December albeit due to one-off items and is now above plan by £3.749m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity.
- 1.6 The phased Cost Improvement Programme plan to January equated to £25.348m. Achievement to November totals £25.087m which is lower than plan by £0.261m. The Trust had identified all the Cost Improvement Programme target of £31.896m earlier in the year but the risk is now the delivery of the program, especially supplementing the workforce related elements that will not be achieved.
- 1.7 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. The further deep dive forecast review that took place in December required divisions to deliver stretch targets that were challenging but deliverable. The financial performance in January was not in line with this forecast and has therefore placed additional risk on the delivery of the plan.
- 1.8 The Integrated Care System reported an actual aggregate deficit of £27.230m for January. This is £15.474m worse than the revised plan agreed with NHS England in September.

1.9 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). Following a forecast review by the System several providers are reporting they will not achieve their financial plans. The Integrated Care Board have identified non-recurrent items to mitigate some of this non-delivery with the remainder being allocated to providers to achieve stretch targets on their financial plans.

2. INCOME AND EXPENDITURE

2.1 After technical changes the **January cumulative position is a £3.250m deficit**. This position is £0.166m better than the updated phased plan agreed by NHS England in September.

2.2 The actual position in January compared to plan shows a continued deterioration against plan as seen in the previous two months (December £0.812m better than plan). January saw continued cost pressures associated with emergency activity and a shortfall on Elective Recovery Fund performance against forecast. An updated December forecast was presented to the last Finance and Productivity Committee, and the January position has fallen short by £0.431m putting achievement of the financial plan at risk.

2.3 Performance against the Elective Recovery Fund continued to be above plan in January. Estimates for January year to date activity show a predicted over performance of £12.702m against the assumed Elective Recovery Fund NHS England target. Whilst the performance against the NHS England target remained positive in January, there was a shortfall against the internal plan which had assumed a greater delivery in line with divisional financial recovery plans. Surgery division underperformed against the forecast Elective Recovery Fund targets for January and will be required to recover this in February and March to achieve their forecast.

2.4 Since the last Board report NHS England have fixed the 2024/25 Elective Recovery Fund allocations by System. This is based on forecasts provided by Systems at the end of November. For the Black Country System this currently means there is a risk of a shortfall of £12m of funding given movements in forecasts from several providers since November. For this Trust our forecast has remained consistent and therefore our challenge is to deliver what we have forecast.

2.5 Substantive staff are 228.02 Whole Time Equivalents (WTE) above the target in January (November 244.84 WTE above the target). Allowing for increased Deanery and externally funded posts reduces the shortfall to 200.81 WTE. Substantive pay costs were £4.153m above plan at the end of January. Included in this variance was £1.560m relating to the band 2 to 3 re-grade costs approved by Trust Board in November that were not in the original plan. The remaining variance wholly relates to non-achievement of the 4% workforce reduction plan.

2.6 Bank has increased in January from December and continues to overspend against the cumulative plan. Bank is now above the target by 151.08 Whole Time Equivalents (WTE) (November 158.06 WTE above the target). The Trust has continued in January to operate with large amounts of surge bed areas open due to the pressures of emergency activity as well as bank usage to deliver the Elective Recovery Fund. There is a cumulative overspend of £6.171m against plan at the end of January. Reducing our bank expenditure by shutting the surge beds is crucial to the delivery of the financial plan.

2.7 Agency usage continues to be low in relative terms and has decreased in January compared to the past three months. It is above target by 1.62 WTE resulting in a cumulative overspend of £0.521m. Agency usage remains predominantly medical staff within five specialties. Overall agency remains very low; Trust spend of 0.7% of pay costs versus the NHS England target of

3.2%.

- 2.8 Non pay spend reduced slightly from December albeit due to one-off items and is now above plan by £3.749m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity.
- 2.9 The Trust's financial forecast for the 2024/25 financial year remains in line with the revised plan at a £1.590m deficit. The further deep dive forecast review that took place in December required divisions to deliver stretch targets that were challenging but deliverable. The financial performance in January was not in line with this forecast and has therefore placed additional risk on the delivery of the plan. Achieving our internal Elective Recovery Fund forecast and shutting the surge beds currently open are actions that must be achieved for the Trust to achieve its financial plan.

3. CAPITAL AND CASH

- 3.1 The cash position at the end of January was £1.524m higher than the previous month's forecast. Non-patient income receipts were £0.704m above forecast. This related to provider contracts being paid earlier than forecast and additional non-contract income. Payments to suppliers were £1.054m below forecast which related to the timing of payment of pharmacy invoices and provider contract invoices not received as forecast. Capital payments were £0.547m above forecast which related to the timing of receipts of capital invoices paid earlier than forecast forecast.
- 3.1 The Cash forecast has remained the same as last month. The Trust has now agreed contract values with each Integrated Care Board including pay award contract increases. Elective Recovery Fund estimates in terms of cash payments have also been updated to include the latest forecast. The Trust is still assuming that Elective Recovery Fund payments will be made on account in line with the now fixed Elective Recovery Fund position for the Trust. This requires confirmation from Black Country Integrated Care Board. Downside currently shows the Trust forecasting circa £1m lower cash than the most likely forecast forecast.
- 3.2 Compliance with the Better Practice Payment Code was 94.3% in terms of number of invoices paid to non-NHS suppliers and 95.7% for NHS suppliers as at 31st January 2025.
- 3.3 In month 10 there was year to date capital expenditure of £18.494m against a planned spend of £25.670m. The Emergency Department scheme was the main contributor to the underspend and has now been reprofiled. The Emergency Department scheme has now been fully reviewed with £8.2m of the scheme will relate to 2025/26. The Trust has agreed with NHS England that Public Dividend Capital to this value will be available for the Trust in 2025/26 to complete the scheme. Additional capital of £8.3m has been allocated to the Trust in 2024/25 to fund the operational capital schemes that were previously going to be funded from the Public Dividend Capital slippage on the Emergency Department scheme. This all now means the Trusts capital forecast is £27.568m for 2024/25 a reduction of £5.062m from plan.

4. COST IMPROVEMENT PROGRAMME

- 4.1 The phased Cost Improvement Programme plan to January equated to £25.348m. Achievement to January totals £25.087m which is worse than plan by £0.261m. This is an improvement from the last reported position which was £0.383m behind plan.

- 4.2 The Trust had identified all the Cost Improvement Programme target of £31.896m earlier in the year but the risk is now the delivery of the program, especially supplementing the workforce related elements that will not be achieved. Of the identified amount 72.0% is recurrent. Work continues to turn as much of the non-recurrent element recurrent before the end of the financial year.
- 4.3 98% of the programme has passed through the QIA process.
- 4.4 Currently there is a forecast shortfall on delivery of the Cost Improvement Programme of £0.690m (November £1.236m was the forecast shortfall). This relates to the current estimated shortfall on delivery of the workforce reduction scheme (£7.337m) offset by additional schemes most notably additional Elective Recovery Fund. Divisions continue to work through mitigating schemes to reduce the delivery shortfall.

5. INTEGRATED CARE SYSTEM (ICS) AND SYSTEM WORKING.

- 5.1 The Integrated Care System reported an actual aggregate deficit of £27.230m for January. This is £15.474m worse than the revised plan agreed with NHS England in September. There are currently three providers that are responsible for the variance from plan.
- 5.2 Following receipt of the non-recurrent deficit funding the System's financial plan is now breakeven (previously a £119.2m deficit). In January a forecast review was carried out by the System with several providers now reporting they will not achieve their financial plans. The Integrated Care Board have identified non-recurrent items to mitigate some of this non-delivery with the remainder being allocated to providers to achieve stretch targets on their financial plans. Between Sandwell & West Birmingham NHS Trust and Dudley Group a stretch of £4.5m was requested. For now, Sandwell & West Birmingham NHS Trust have agreed to forecast the stretch position as they have some flexibility within their financial position. The Trust will continue to work with Sandwell & West Birmingham NHS Trust over the last two months of the financial year to review this position.

6. RECOMMENDATION

- 6.1 The Trust Board is asked to note the financial performance for the period up to January 2025.

Chris Walker
Interim Director of Finance
25th February 2025

Paper for submission to Board of Directors Thursday 13th March 2025

Report title:	Emergency Preparedness, Resilience and Response (EPRR) Core Standards Outcome 2024
Sponsoring executive:	Karen Kelly – Chief Operating Officer
Report author:	Simone Smith – Head of Corporate Resilience Adam Woodhall – EPRR and Business Continuity Advisor Liam Askins – Corporate Resilience Project Support Officer

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

Assure

NHS England's final assessment for 2024 stated that the Trust was 'Partially Compliant' at 84% against the Emergency Preparedness, Resilience and Response (EPRR) Core Standards; an increase in compliance from 77% in 2023.

This assessment consists of 52 'Fully Compliant' standards and 10 'Partially Compliant' standards.

Advise

The 10 'Partially Compliant' standards included third-party business continuity planning, infectious disease planning, and Hazardous Materials (HAZMAT) / Chemical, Biological, Radiological and Nuclear materials (CBRN) risk assessment. These were identified as observations by NHSE and the EPRR Team will incorporate these recommendations into the EPRR workplan for 2025.

Alert

No areas of concern.

2. Alignment to our Vision

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

3. Report journey

Executive directors (10/12/2024).
Finance and Productivity Committee (19/12/2024).
Finance and Productivity Committee (30/01/2025) including deep dive.
Board of Directors (13/03/2025).

4. Recommendation(s)

The Public Trust Board is asked to:

- Be assured that the EPRR Team has mitigated against areas for improvement identified in the 2023 EPRR Core Standards process.

b) Be advised of the Trust's final outcome from the 2024 EPRR Core Standards.

5. Impact		
Board Assurance Framework Risk 1.1	X	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 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	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		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		

REPORT FOR ASSURANCE

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Outcome 2024

Report to the Board of Directors on Thursday 13th March 2025

1 EXECUTIVE SUMMARY

As part of the annual NHS England EPRR Core Standards process, the EPRR Team is required to report regularly to senior Trust Committees and the Board of Directors.

NHSE's final assessment for 2024 stated that the Trust was assessed as 'Partially Compliant' at 84% against the EPRR Core Standards; an increase in compliance from 77% when compared with the previous year, 2023.

2 BACKGROUND INFORMATION

In 2023, NHS England's final assessment stated that the Trust was 'Partially Compliant' at 77% against the EPRR Core Standards.

These Core Standards remained unchanged for the 2024 submission, whilst the additional deep dive for 2024 was Cyber Security.

3 RISKS AND MITIGATIONS

The Trust submitted its NHS England EPRR Core Standards self-assessment on 30th August 2024. This was followed by a confirm and challenge process whereby the ICB and NHSE reviewed the submission and requested further evidence to support the assessment process.

Following the Trust confirm and challenge with NHSE and the ICB in November 2024, the final assessment evaluated the Trust as 'Partially Compliant' at 84%; an increase in compliance from 77% in 2023. This assessment consists of 52 'Fully Compliant' standards and 10 'Partially Compliant' standards.

The 10 'Partially Compliant' standards identified by NHSE during the confirm and challenge process are listed in the table below.

Reference	Core Standard
CS12	Infectious disease
CS13	New and emerging pandemics
CS14	Mass countermeasures
CS15	Mass casualty
CS43	Information sharing
CS50	Business continuity management system – monitoring and evaluation
CS51	Business continuity audit
CS52	Business continuity management system – continuous improvement process
CS53	Assurance of commissioned providers and supplier's business continuity
CS56	Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRN) risk assessment

These were agreed as 'observations' by NHSE. The EPRR Team will incorporate these recommendations into the EPRR workplan for 2025. This includes, for example, continuing to work with the ICB and Local Resilience Forum on infectious disease planning, to develop a system-wide plan to meet this Core Standard.

4. RECOMMENDATIONS

The Board of Directors can take assurance that the EPRR Team has mitigated against the issues highlighted during the 2023 Core Standards process, resulting in an increase in overall compliance in 2024.

The EPRR Team continues to work on areas of partial compliance as part of the EPRR workplan for 2025, whilst also utilising the 'EPRR Assurance Good Practice Report' issued by NHSE. Robust planning is underway to ensure evidence required for submission next year, is updated, incorporates new guidance/ amendments and assured through internal governance arrangements.

Simone Smith, Head of Corporate Resilience
Adam Woodhall, EPRR and Business Continuity Advisor
Liam Askins, Corporate Resilience Project Support Officer
March 2025

**Paper for submission to the Board of Directors on
Thursday 13th March 2025**

Report title:	Performance Against Workforce Plan Forecast
Sponsoring executive:	Karen Brogan - Interim Chief People Officer Chris Walker - Interim Director of Finance Martina Morris - Chief Nurse
Report author:	Karen Brogan - Interim Chief People Officer Richard Price - Deputy Director of Finance Martina Morris - Chief Nurse

1. Summary of key issues

Following the transfer of Dudley Integrated Health and Care in October 2024, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively, accounting for this the performance until the end of January is significantly off target.

Variance to plan:

- 377.48 WTE (6.1%) away from plan
- Adjusting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, this becomes 259.05 WTE (4.2%)

Breakdown

- Substantive is 228.02 WTE away from plan (4.0%)
- Accounting for MMUH, Income back developments, deanery doctors this is 200.81 WTE (3.5%)
- Adverse financial variance has increased from £3.142m to £4.153m (of which £1.660m relates to the CSW band 2 to 3 issue)
- Bank is 151.08 WTE away from plan (32.9%)
- Accounting for MMUH, Income back developments, ERF, and escalation capacity this is 59.86WTE (13.0%)
- Adverse financial variance of £6.171m
- Agency is **below** target by 1.62 WTE
- There is a cumulative overspend of £521k.
- Agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%.

Position since March 2024 (to month)

- Movement in total workforce (includes substantive, bank and agency since March 2024 is (6289.5 to 6534.66) +245.16 WTE (3.9%)
- Accounting for DIHC this becomes +44.68 WTE (0.7%)
- Accounting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, (118.43 WTE) - this would give us a reduction of 73.75 WTE (1.2% reduction)

The workforce forecast will not be achieved across 24/25. Pay pressures are being negated by improved income performance, with significant over-performance on ERF.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]	
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 People Committee Quality Committee Finance & Productivity Committee Trust Board

4. Recommendation(s)
The Public Trust Board is asked to:
a) ASSURANCE: Receive the report for assurance.

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

Performance Against Workforce Forecast – M10



The Dudley Group
NHS Foundation Trust



	In month update
<p>Finance Will the workforce plan support the delivery of the financial plan</p>	<p>Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively, accounting for this the performance until the end of January is significantly off target.</p> <p>Substantive staff are 228.02 WTE behind target in January, accounting for increased Deanery, hosted and externally funded posts reduces the shortfall to 200.81 WTE. In summary, after adjustments, the Trust's substantive workforce reduced by 13 WTE in January. The current vacancy freeze is expected to impact in the latter months of the year. The adverse financial variance has increased from £3.142m to £4.153m (of which £1.660m relates to the CSW band 2 to 3 issue). If the current WTE remain in post, there will be a further pressure on the substantive budget of c£1.4m over the last two months of the year.</p> <p>As anticipated, bank WTE in January increased following a seasonal reduction in December and was 151.08 WTE over target. Adjusting for surge beds, ERF workload and the impact of Midland Met/Winter Pressures reduces the variance to 59.86 WTE (48 higher than December). This results in an adverse financial variance of £6.171m. It would deteriorate by a further £1.9m if the current levels of WTE continue for the remainder of the year.</p> <p>Agency reduced in January and is now below target by 1.62 WTE. There remains a cumulative overspend of £521k. Overall, agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The vast majority of the spend relates to medical staff.</p> <p>it was initially forecasted to see a reduction from 6289.95 in March 2024 to 5943.40 WTE in March 2025 a total reduction of 346.55 WTE (across substantive, bank and agency – not including DIHC). This plan will not be achieved but is currently being mitigated by additional ERF income.</p>
<p>People Committee adverse impact associated with the financial and transformational plan</p>	<p>Across workforce metrics, whilst turnover has increased, it remains below target. Sickness absence has increased in month. There are no material changes or evidence of adverse impact associated with the current measures to achieve the financial and transformational improvements, however given that turnover is low and retention is high this will impact on the efficiencies available to be released.</p>
<p>Quality/Safety Patient Experience adverse impact associated with the financial and transformational plan</p>	<p>The monitored quality indicators are demonstrating an increase in some incidents and harms such as falls, pressure ulcers and IPC outbreaks, albeit not statistically significant at the present time. The latest HED SHMI and HSMR data is also indicating an increase, with sepsis and stroke being the areas of requiring a further attention. These increases are likely to be due to a combination of contributing factors such as, ongoing operational pressures (at times extreme), more patients being cared for within the hospital and staff sickness and absence. The Integrated Quality Report includes more detail, which is reported via the agreed governance process. The nursing & midwifery quality dashboard continues to be available, which provides a triangulated overview of key metrics, to showcase best practice and identify areas for improvement. Strengthened QIA process remains in place. Improvements are being taken forward via the existing programmes of work.</p>

M10 Performance – Overview



The Dudley Group NHS Foundation Trust

Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE respectively. The performance until the end of January remains off target.

The Trust performance in month 10 shows a variance against the total workforce forecasted M10 position of 377.48 WTE (6.1% above plan), compared to 341.21, 5.5% above plan at M9.

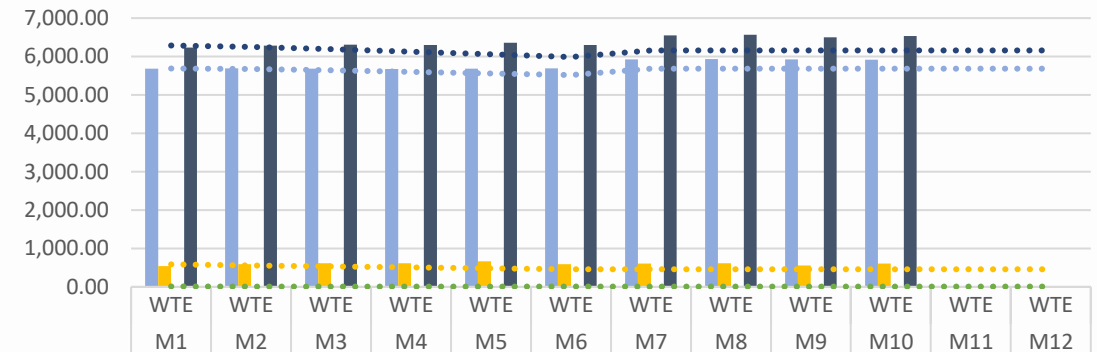
There has been an in-month movement of +36.27 WTE (bank increase part negated by substantive and agency reductions). Adjusting for fully funded income backed posts (not in the plan), additional Deanery posts, hosted posts, the impact of open surge beds/Midland Met/Winter Pressures and the total impact of ERF reduces the adverse WTE variance to 259.05 (4.2%).

Substantive workforce variance against workforce forecasted M10 position is 228.02 WTE above plan (4.0%), compared to 238.08 WTE (4.2%) above plan at M9). There has been an in-month movement of -10.06 WTE. After adjustments, the variance is 200.81 WTE, the adverse financial variance has increased from £3.142m to £4.153m (of which £1.660m relates to the CSW band 2 to 3 issue).

As expected, the bank workforce variance against workforce forecasted M10 position increased to 151.08 WTE above plan (32.9%) compared to 101.79 WTE (22.1%) above plan at M9. There has been an in-month movement of +49.29 WTE. After adjustments, the M10 variance reduces to 59.86 WTE. This results in an adverse financial variance of £6.171m.

Agency workforce variance against workforce forecasted M10 position is 1.62 WTE better than plan – compared to 1.34 WTE above plan at M9. Overall, agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%. The vast majority of spend relates to medical staff.

Workforce Plan 24/25 (Actual vs Planned)



	WTE M1	WTE M2	WTE M3	WTE M4	WTE M5	WTE M6	WTE M7	WTE M8	WTE M9	WTE M10	WTE M11	WTE M12
Substantive Actual	5,682.3	5,689.5	5,686.4	5,676.2	5,680.8	5,692.8	5,921.5	5,930.6	5,923.8	5,913.8		
Bank Actual	542.57	589.42	616.29	619.16	664.71	591.54	608.92	617.78	561.51	610.80		
Agency Actual	10.47	7.71	6.44	8.23	11.70	13.77	20.75	14.53	13.01	10.05		
Total Actual	6,235.3	6,286.6	6,309.1	6,303.6	6,357.2	6,298.1	6,551.1	6,562.9	6,498.3	6,534.6	0.00	0.00
Substantive Plan	5,687.0	5,672.0	5,642.0	5,602.0	5,560.0	5,517.0	5,685.7	5,685.7	5,685.7	5,685.7	5,685.7	5,685.7
Bank Plan	587.40	561.90	536.35	510.78	485.28	459.72	459.72	459.72	459.72	459.72	459.72	459.72
Agency Plan	12.36	11.81	11.28	10.75	10.21	9.67	11.67	11.67	11.67	11.67	11.67	11.67
Total Plan	6,286.8	6,245.8	6,189.7	6,123.6	6,055.5	5,986.4	6,157.1	6,157.1	6,157.1	6,157.1	6,157.1	6,157.1

	TARGET	ACTUAL	DIFF	ADJUSTMENTS						NET
				INCOME	DEANERY	SURGE	MMet/WP	ERF	Hosted	
Substantive	5,685.79	5,913.81	-228.02	12.93	7.41	2.80	0.60	0.11	3.36	-200.81
Bank	459.72	610.80	-151.08			36.05	10.56	44.61		-59.86
Agency	11.67	10.05	1.62							1.62
Total	6,157.18	6,534.66	-377.48	12.93	7.41	38.85	11.16	44.72	3.36	-259.05

M10 Performance



The Dudley Group

Following the transfer of DIHC in October, the substantive and agency plans have been increased by 211.78 WTE and 2.00 WTE

Variance to plan:

- 377.48 WTE (6.1%) away from plan
- o Adjusting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, this becomes 259.05 WTE (4.2%)

Breakdown

- Substantive is 228.02 WTE away from plan (4.0%)
 - o Accounting for MMUH, Income backed developments, deanery doctors this reduces to 200.81 WTE (3.5%)
 - o Adverse financial variance has increased from £3.142m to £4.153m (of which £1.660m relates to the CSW band 2 to 3 issue).
- Bank is 151.08 WTE away from plan (32.9%)
 - o Accounting for MMUH, Income backed developments, ERF, and escalation capacity this reduces to 59.86WTE (13.0%)
 - o Adverse financial variance of £6.171m
- Agency is 1.62 WTE better than plan (13.9%)
 - o There is a cumulative overspend of £521k.
 - o Agency remains very low with Trust spend of 0.7% of pay bill versus the target of 3.2%.

Position since March 2024 (to month)

- Movement in total workforce (includes substantive, bank and agency since March 2024 is (6289.5 to 6534.66) +245.16 WTE (3.9%)
 - o Accounting for DIHC this becomes +44.68 WTE (0.7%)
 - o Accounting for MMUH, Income back developments, deanery doctors, ERF, and escalation capacity, (118.43 WTE) – This would give us a reduction of 73.75 WTE (1.2% reduction)



Data Pack



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M10 - Risks/Mitigations to Delivery

Risks:

- Hosted/Income backed posts – impact on substantive posts (16.29 WTE in M10)
- Increased Deanery doctors due to national shortfall of places (7.41 WTE in M10)
- Increased Activity (ERF) – impact on bank usage estimated at 44.61 WTE in M10 (and 0.11 impact on substantive)
- Demand and capacity – Surge beds – impact on bank usage (36.05 WTE bank in M10) and increase of adverse events during times of high operational pressures
- Midland Met and Winter Pressure mitigations – impact on bank of 10.56 WTE and substantive of 0.60 WTE in M10)
- Industrial action by Junior Doctors - impact on bank usage (14.11 WTE in M3 and 4.81 WTE in M4)
- Reduced turnover and increased retention (7.15% in M9)

Mitigations:

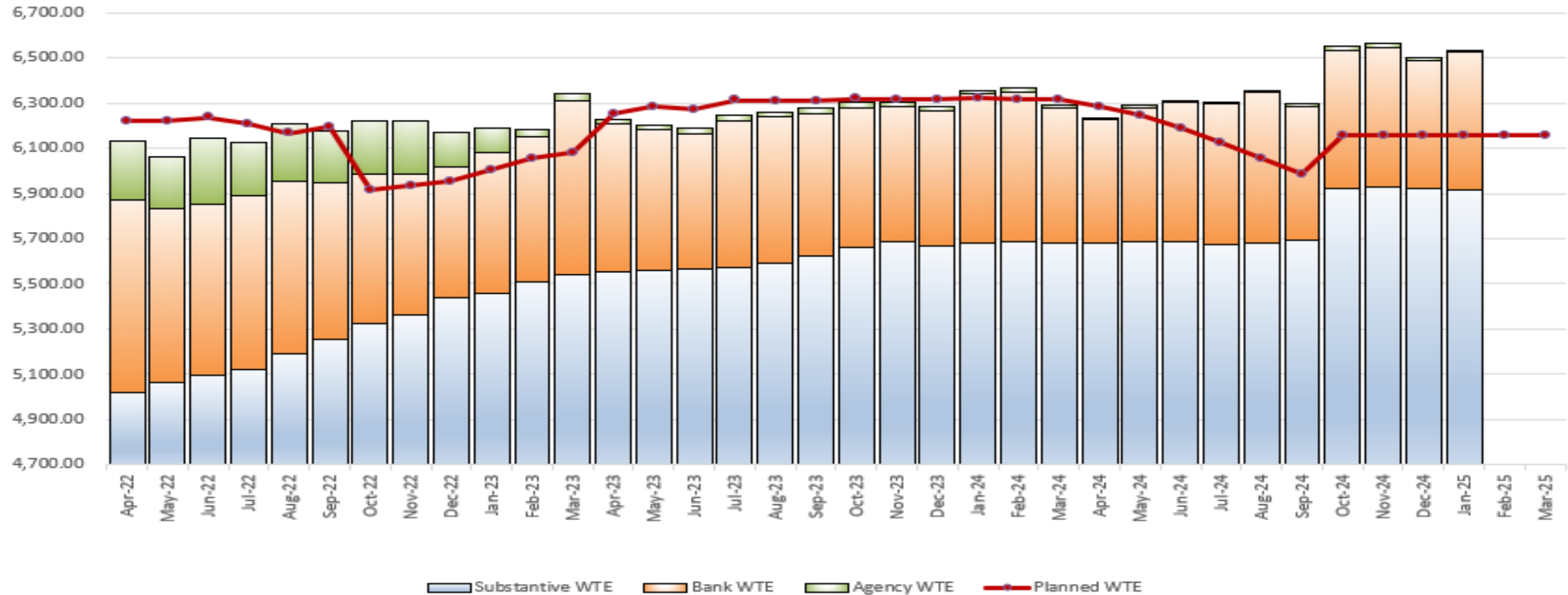
- Divisional, Executive and ICB vacancy control process
- Divisional trajectories developed – monitored and challenged through Executive led confirm and challenge meetings and Finance Improvement group
- Additional oversight and controls regarding bank and agency usage, including a system wide plan
- Oversight of quality and safety as described in slide two, including senior nursing, midwifery and AHP presence within clinical areas (Back to the Floor/Night Visits/support during times of significant operational pressures)

WTE Plan/Actuals from April 2022



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Overall WTE Actual and Plan



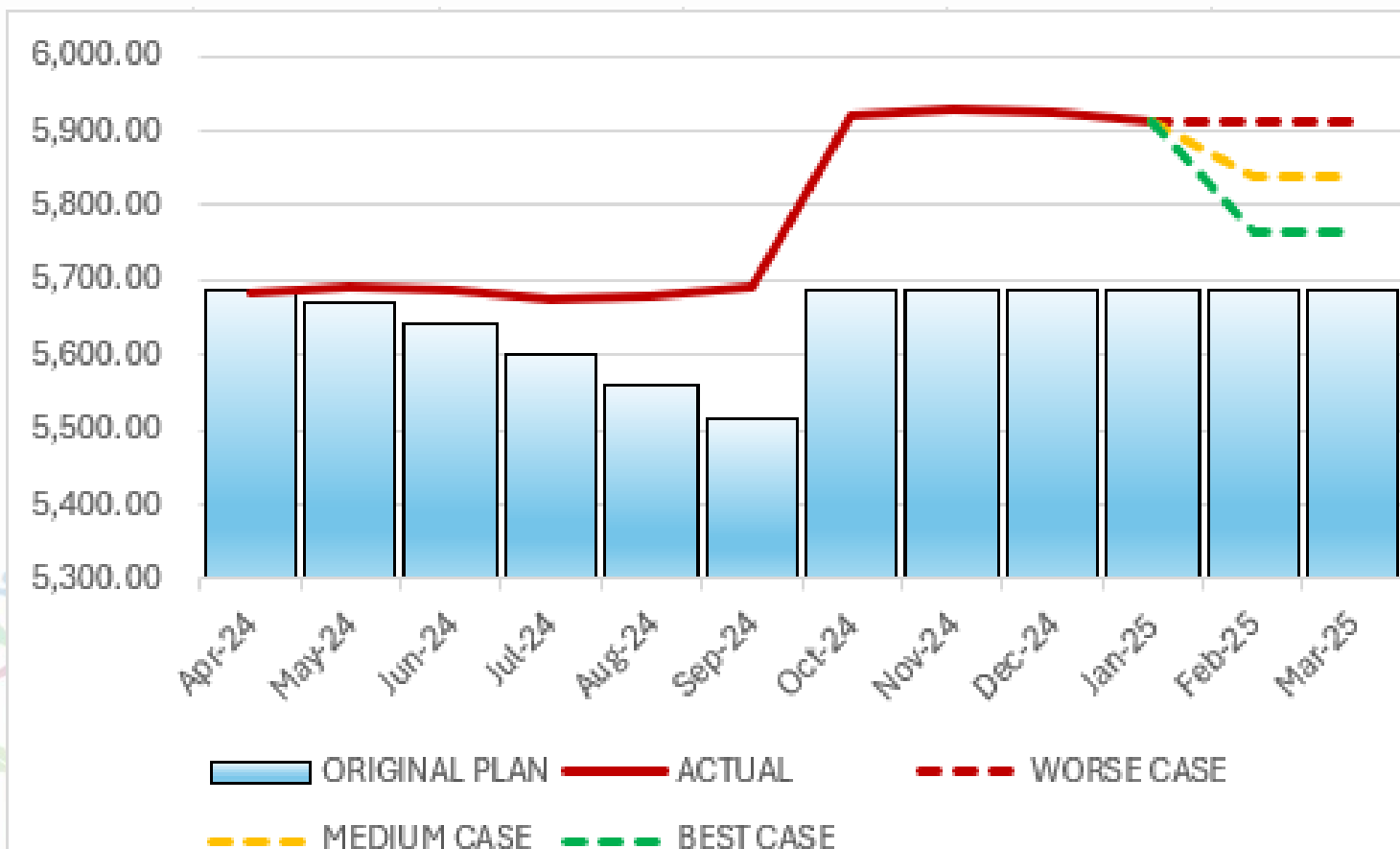
M10 Performance - Substantive



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£4.153m adverse
YTD

£1.4m adverse
Feb- Mar



- Original plan shows 4% workforce reduction;
- Actual cost/WTE lower than figures assumed in plan (£69/person/month);
- Reasons include case mix, pay award and higher averages used in plan;
- Based on current average cost/WTE, staff numbers would need to reduce by 150 from February onwards for best case (breakeven);
- Continuation of the Jan WTE would result in a c£1.4m further adverse variance from Feb-Mar.
- Expected that WTE will reduce due to vacancy freeze.



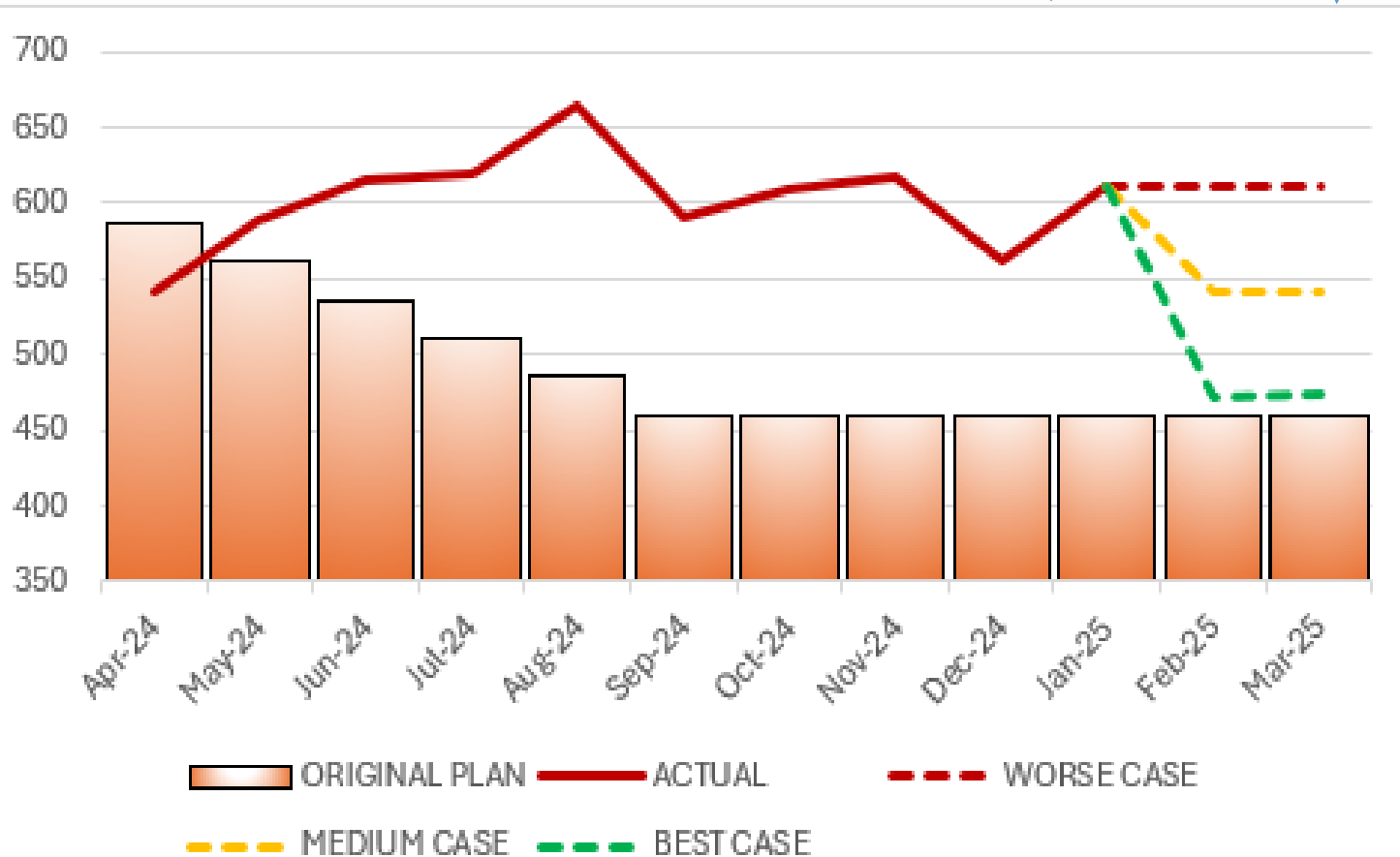
M10 Performance - Bank



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£6.171m adverse YTD

£1.9m adverse Feb-Mar



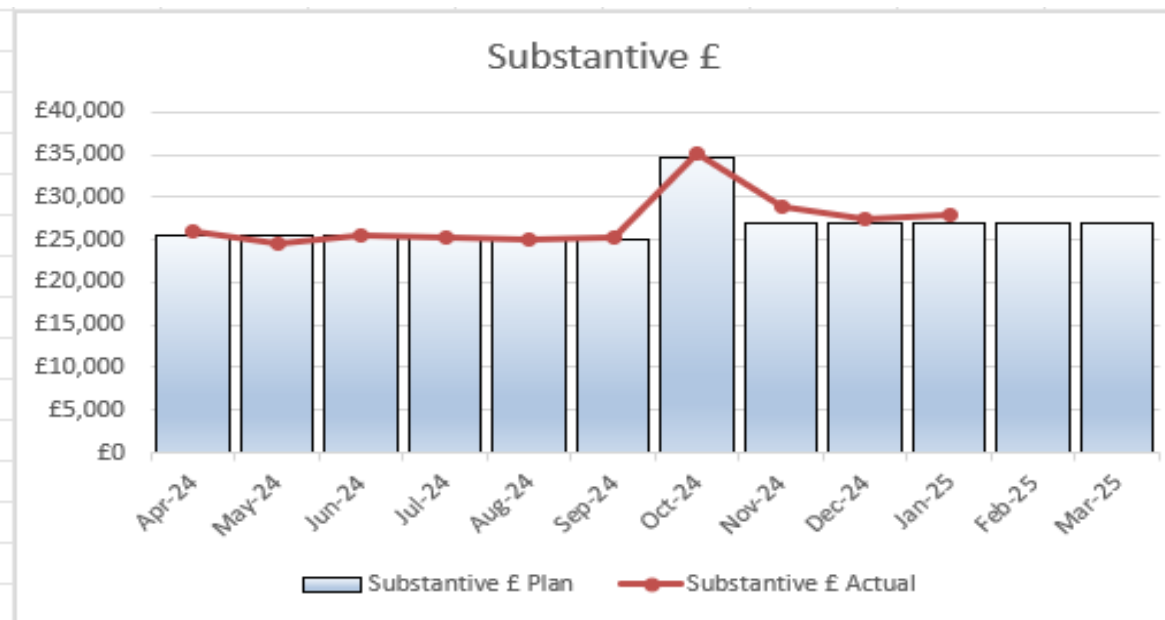
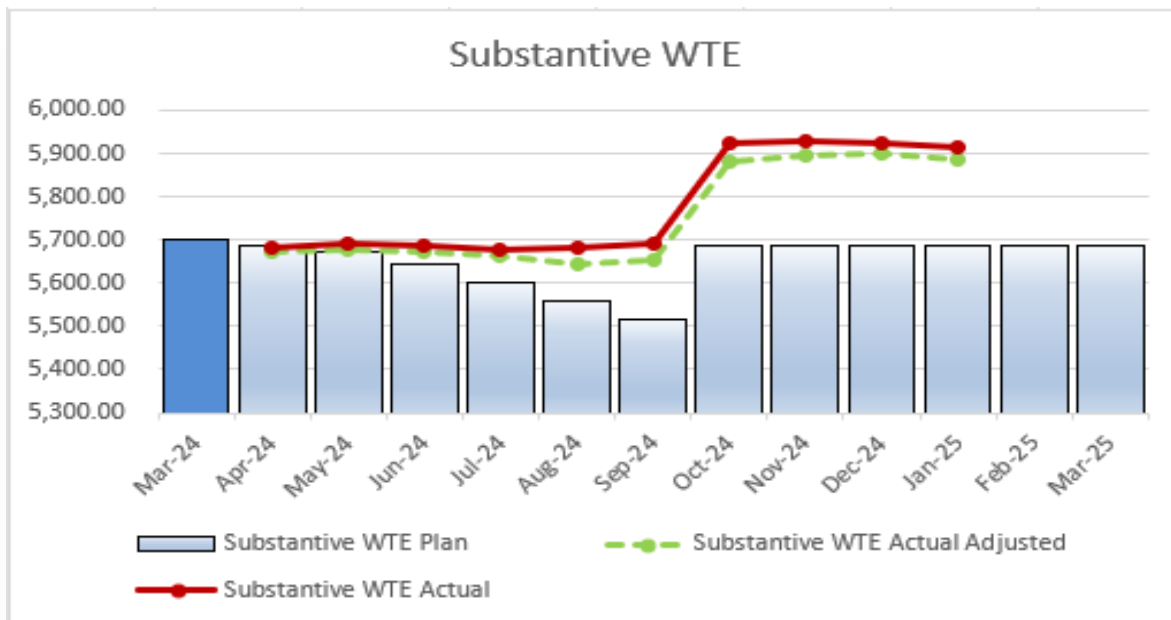
- Original plan shows 25% reduction;
- Average cost/WTE lower than figures used in plan;
- Will be distortions due to bank holidays etc.;
- Based on current average cost/WTE, staff numbers would need to reduce by 138 from February onwards for best case;
- Continuation of the Jan WTE would result in a c£1.9m further adverse variance From Feb-Mar.



M10 Performance - Substantive



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	LATEST		LATEST
Med	-69.39	Admin	-56.69
C&CCS	-76.06	Medic	-24.03
D Place	7.15	RN	-77.91
Surg	-55.23	CSW	4.37
Corp	-34.49	Other	-6.21
TOTAL	-228.02	Sci/AHP	-67.56
		TOTAL	-228.02

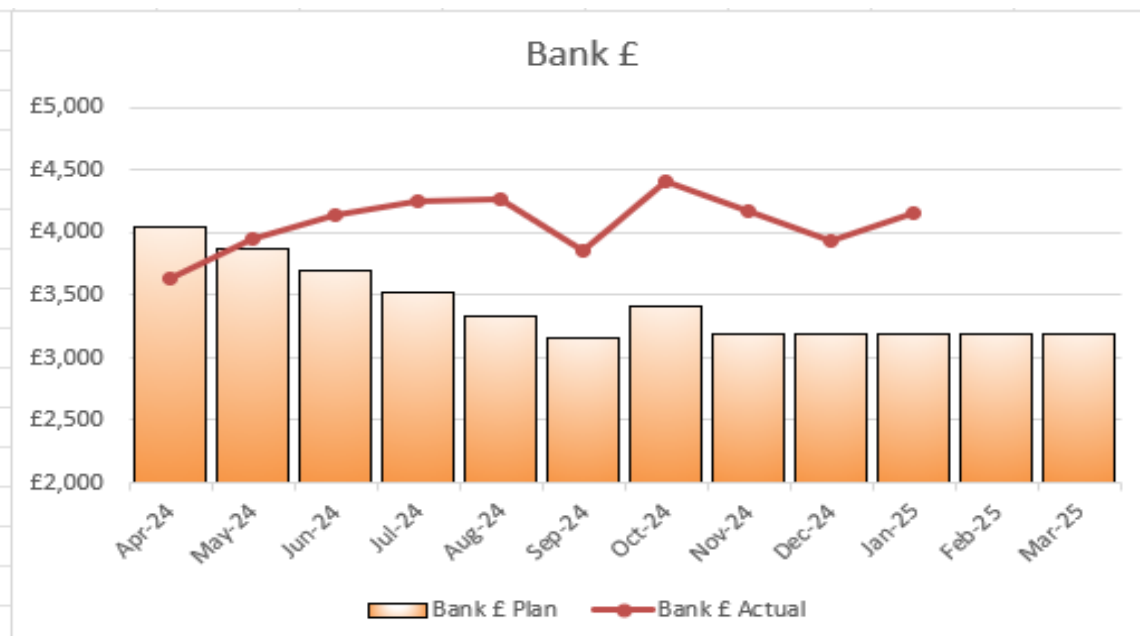
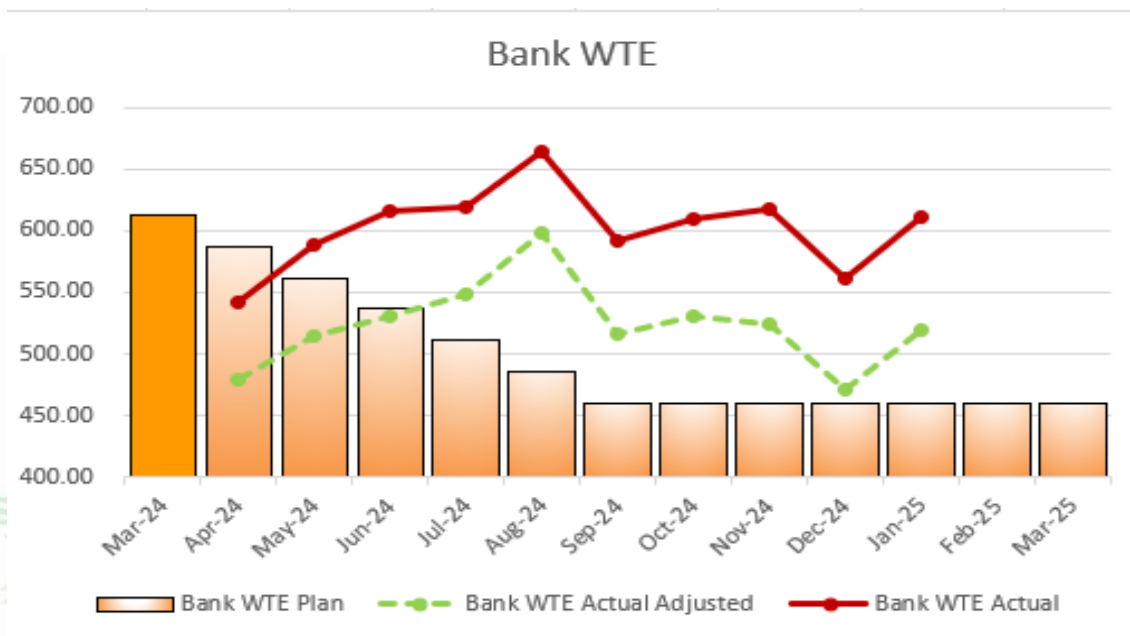
	YTD		YTD
Med	-£1,699	Admin	-£907
C&CCS	-£1,128	Medic	-£1,412
D Place	£322	RN	-£136
Surg	-£2,033	CSW	-£300
Corp	£385	Other	-£229
TOTAL	-£4,153	Sci/AHP	-£1,170
		TOTAL	-£4,153



M10 Performance - Bank



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NHS Foundation Trust



	LATEST		LATEST
Med	-97.05	Admin	-1.10
C&CCS	-7.99	Medic	-17.90
D Place	-3.09	RN	-53.37
Surg	-39.98	CSW	-64.27
Corp	-2.96	Other	-0.10
TOTAL	-151.08	Sci/AHP	-14.33
		TOTAL	-151.08

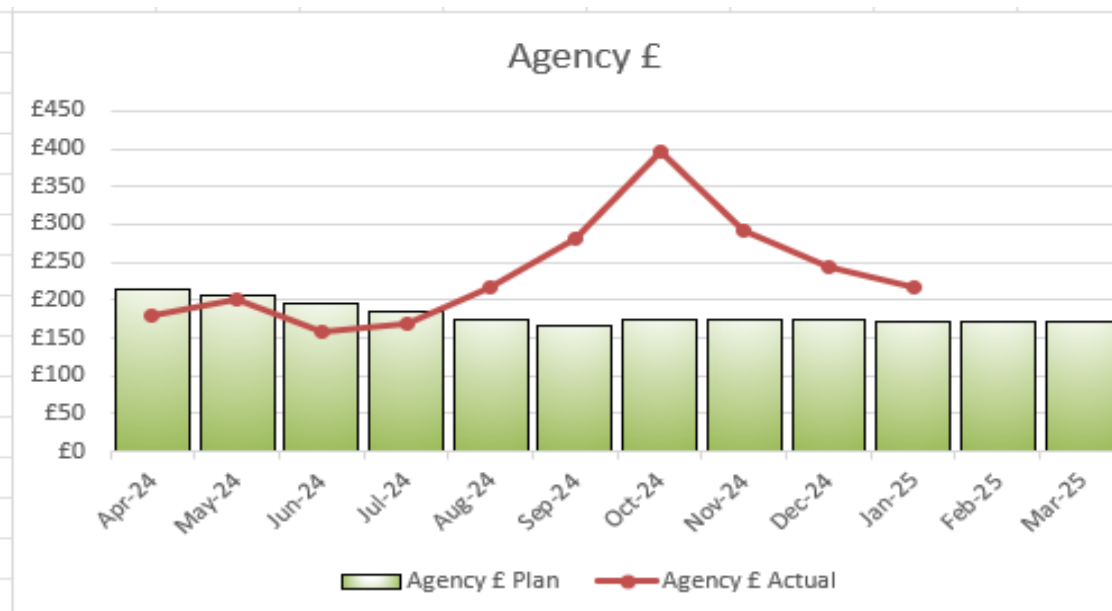
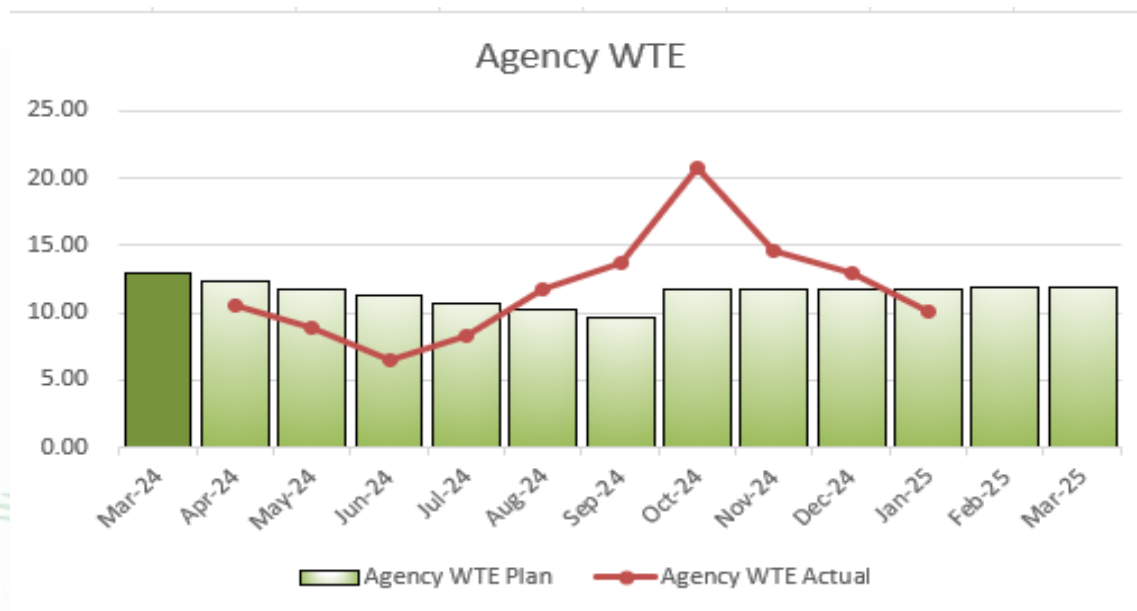
	YTD		YTD
Med	-£2,113	Admin	£50
C&CCS	-£664	Medic	-£1,616
D Place	-£263	RN	-£1,802
Surg	-£3,152	CSW	-£1,888
Corp	£21	Other	-£3
TOTAL	-£6,171	Sci/AHP	-£911
		TOTAL	-£6,171



M10 – Performance Agency



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NHS Foundation Trust



	LATEST
Med	-1.75
C&CCS	0.24
D Place	2.00
Surg	1.13
Corp	0.00
TOTAL	1.62

	LATEST
Admin	1.00
Medic	-1.81
RN	1.15
CSW	0.00
Other	0.00
Sci/AHP	1.29
TOTAL	1.62

	YTD
Med	-£329
C&CCS	-£102
D Place	£28
Surg	-£118
Corp	£0
TOTAL	-£521

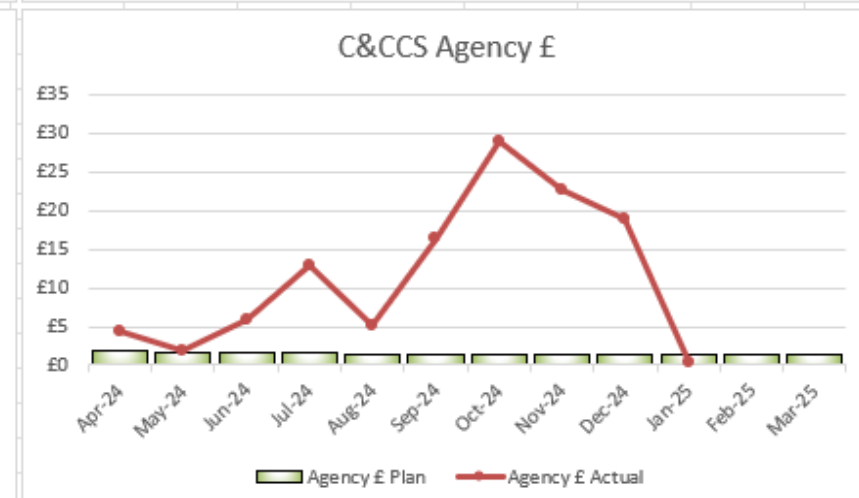
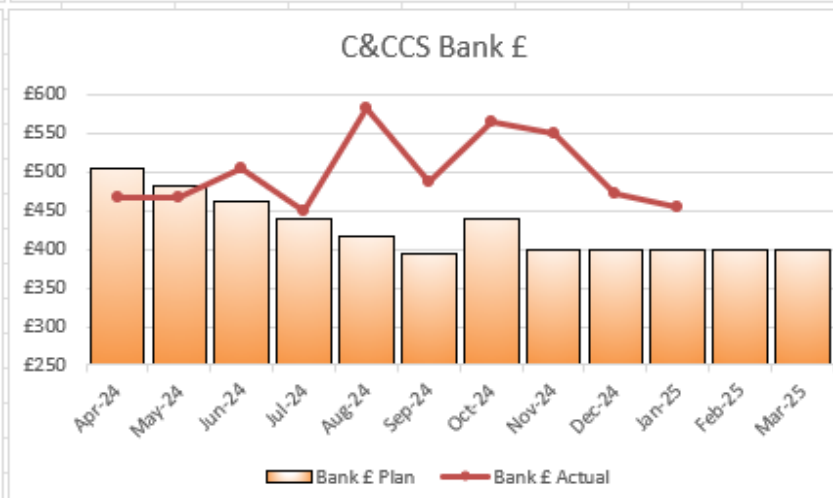
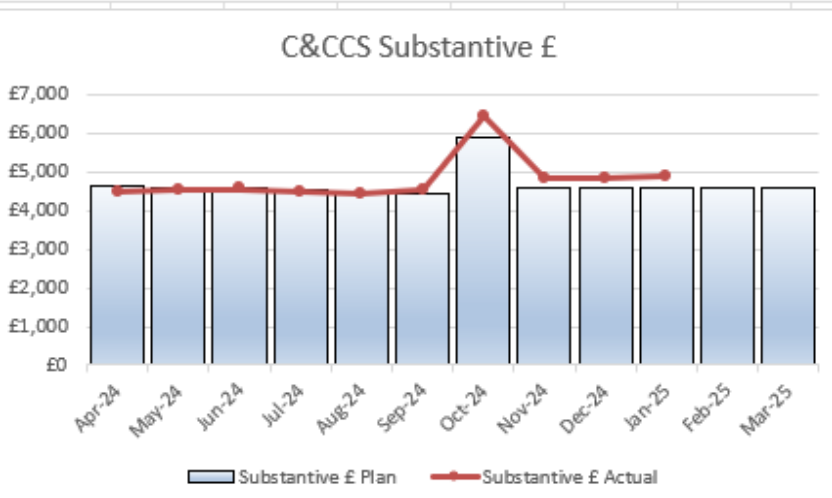
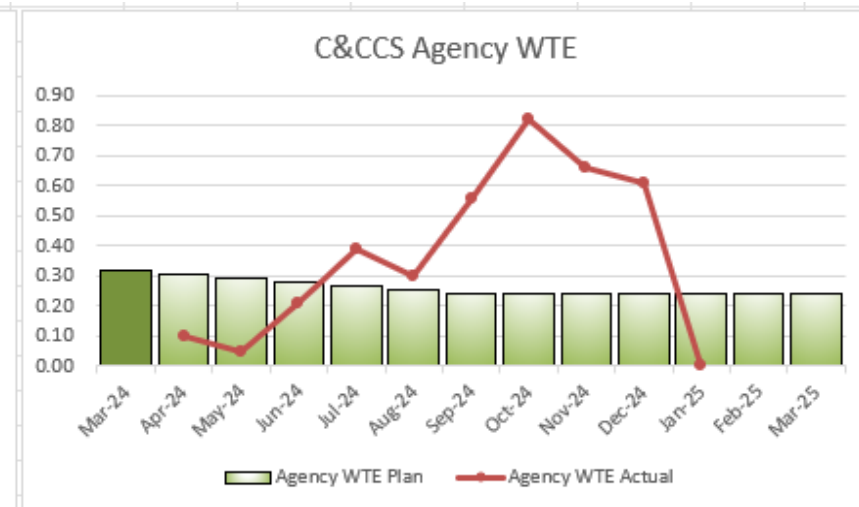
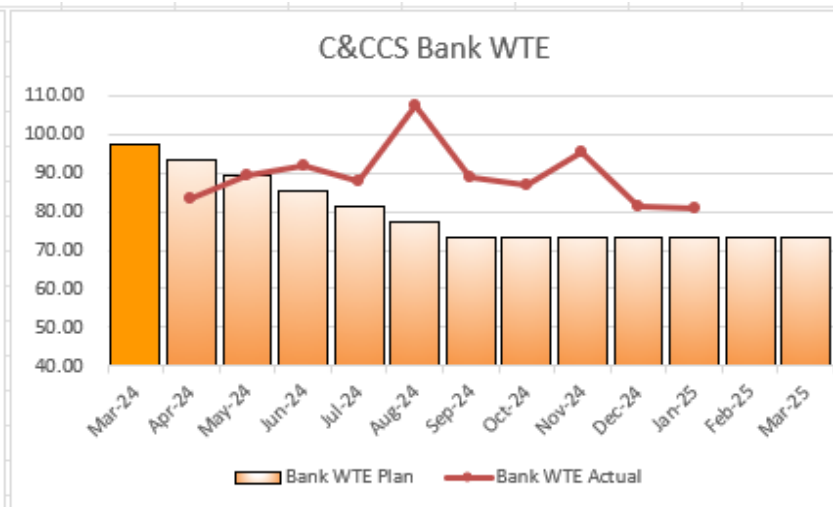
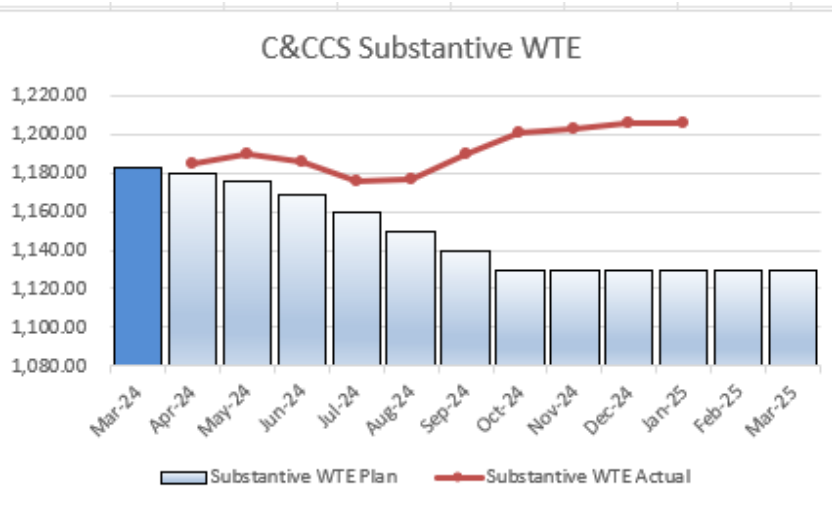
	YTD
Admin	£8
Medic	-£698
RN	£132
CSW	£0
Other	£0
Sci/AHP	£37
TOTAL	-£521



M10 – C&CCS



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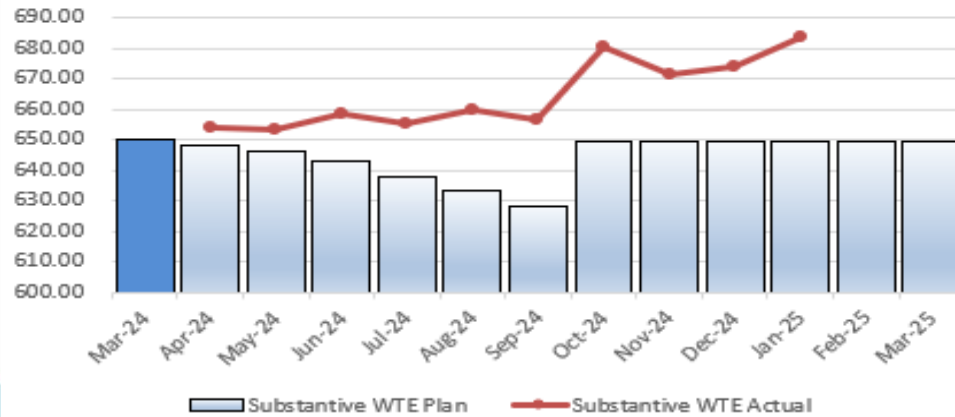


M10 – Corporate

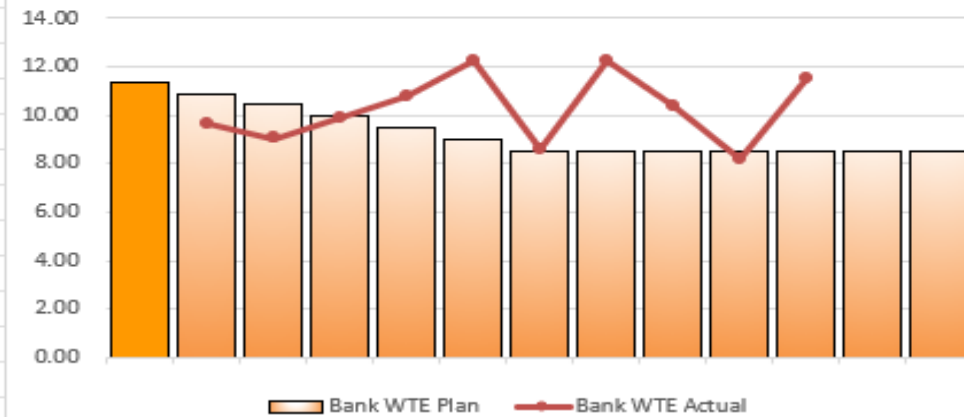


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Corporate Substantive WTE



Corporate Bank WTE



Corporate Substantive £



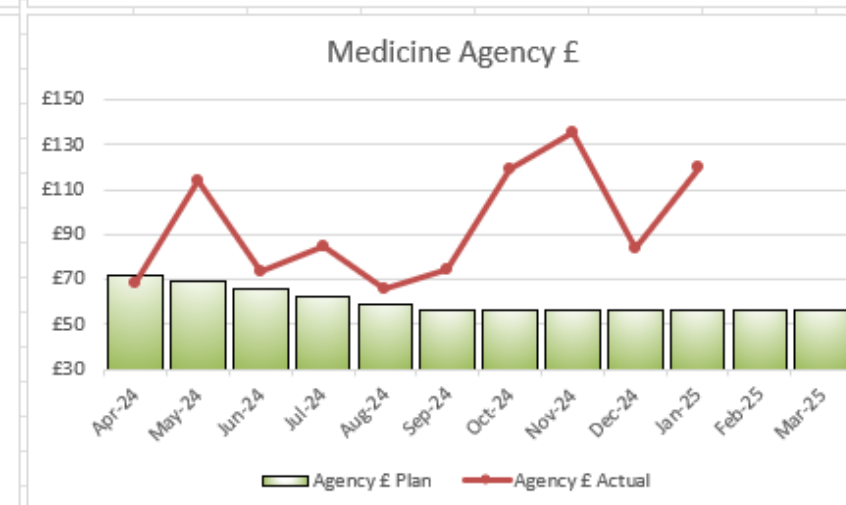
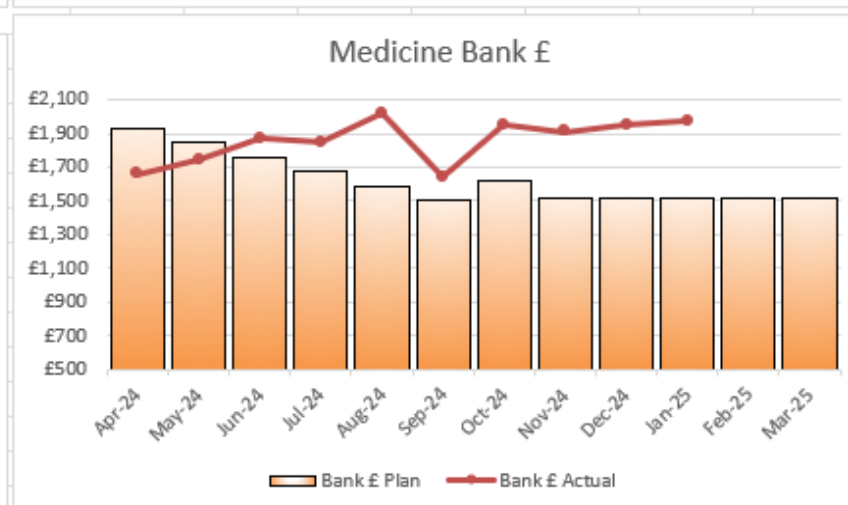
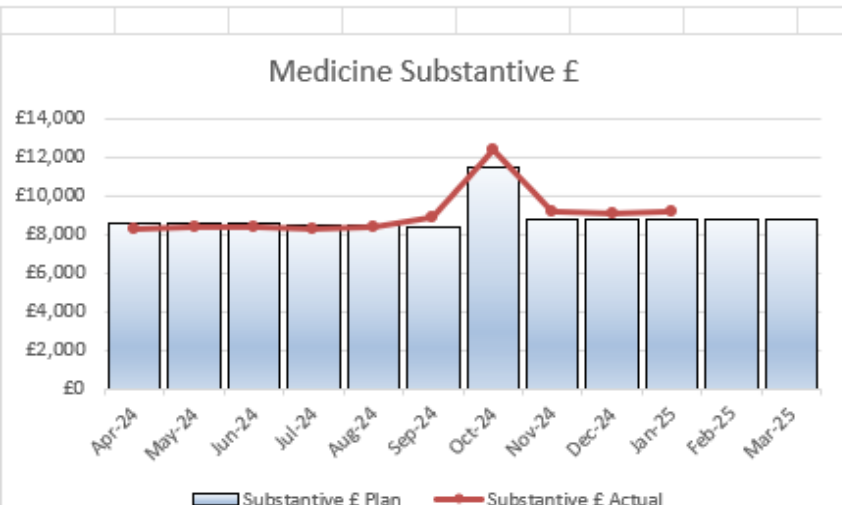
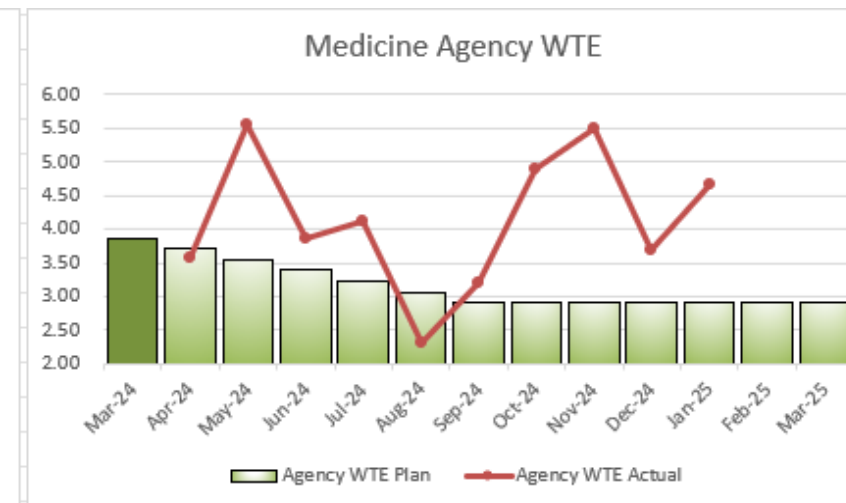
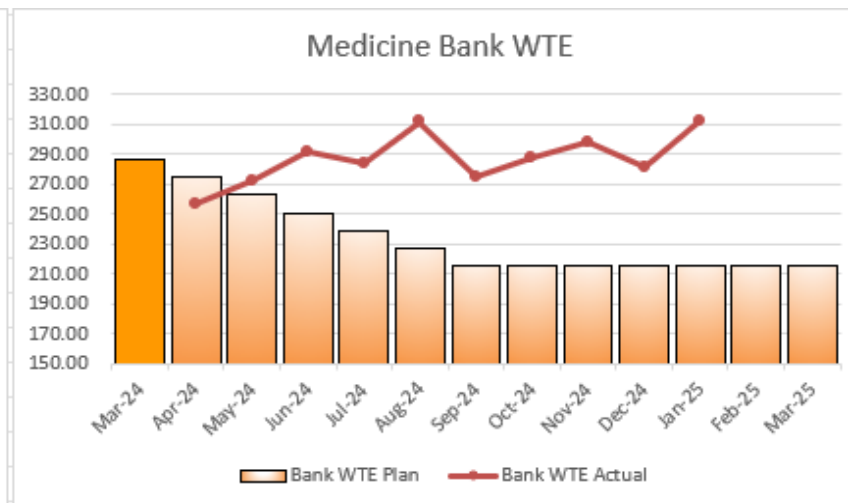
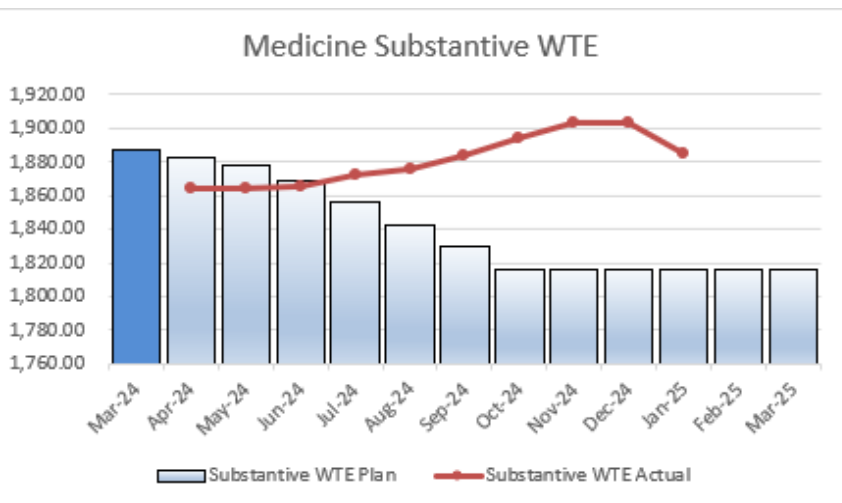
Corporate Bank £



M10 – Medicine



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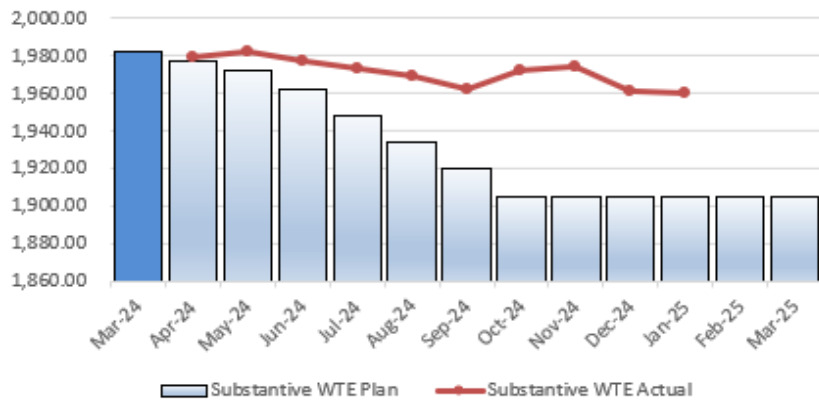


M10 – Surgery

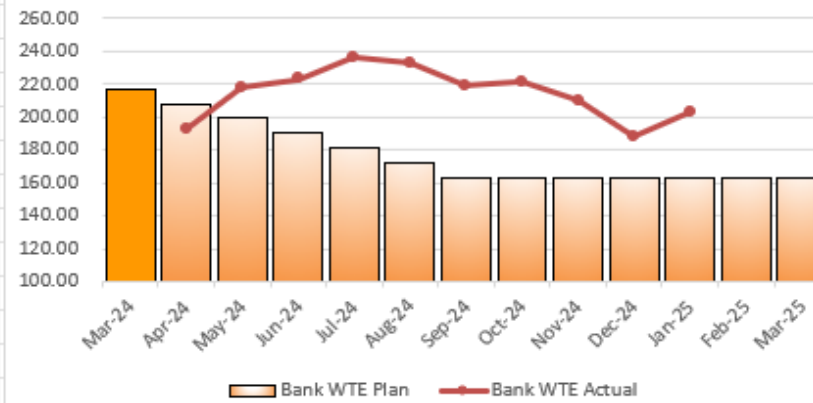


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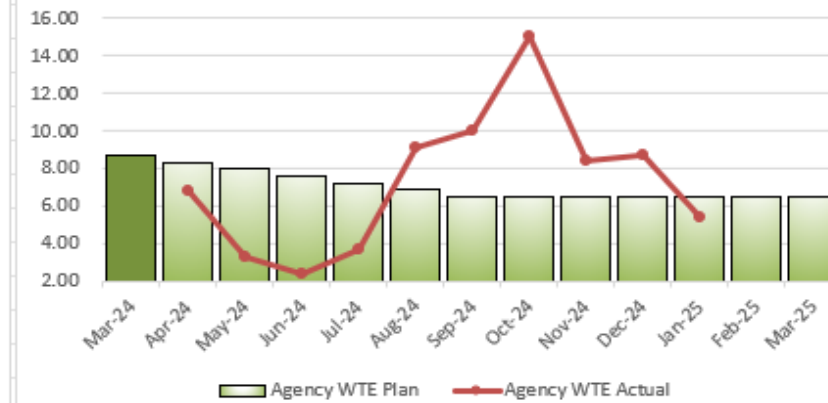
Surgery Substantive WTE



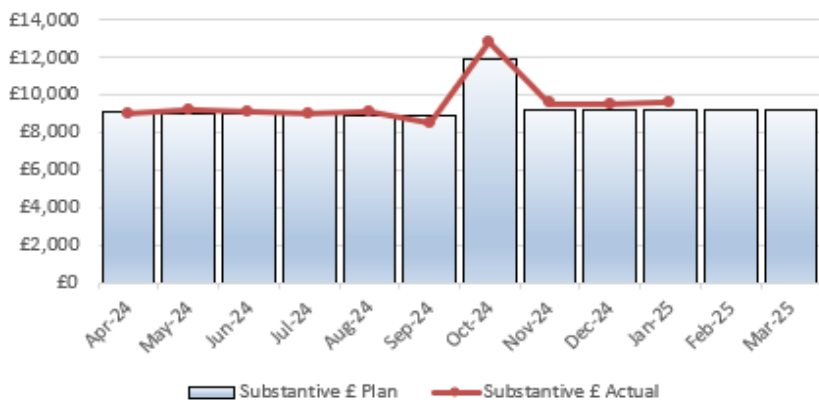
Surgery Bank WTE



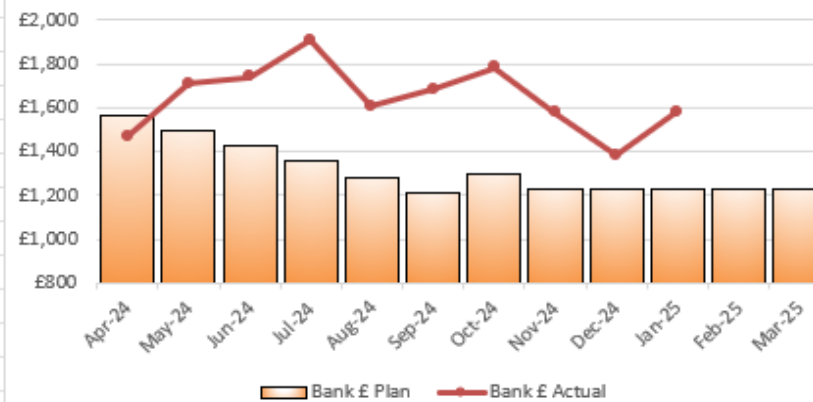
Surgery Agency WTE



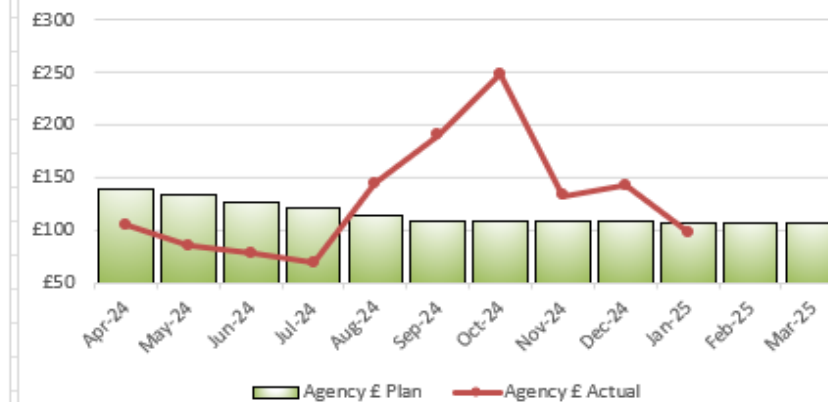
Surgery Substantive £



Surgery Bank £



Surgery Agency £

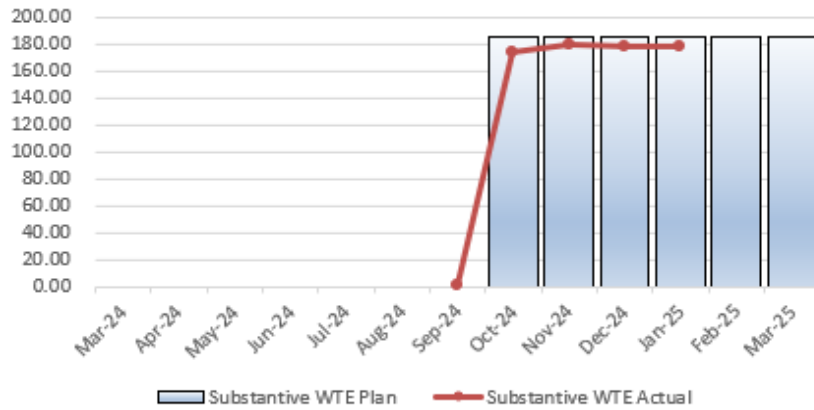


M10 – Dudley Place

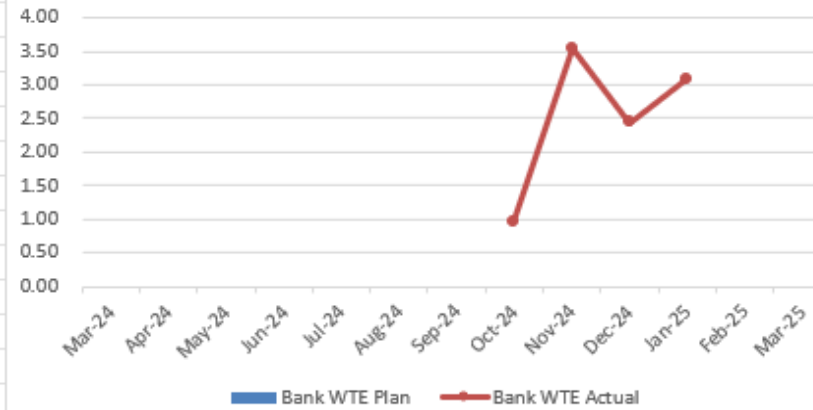


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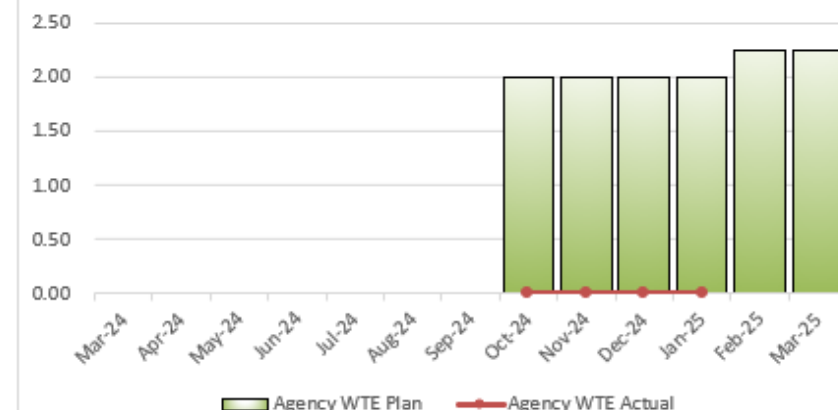
Dudley Place Substantive WTE



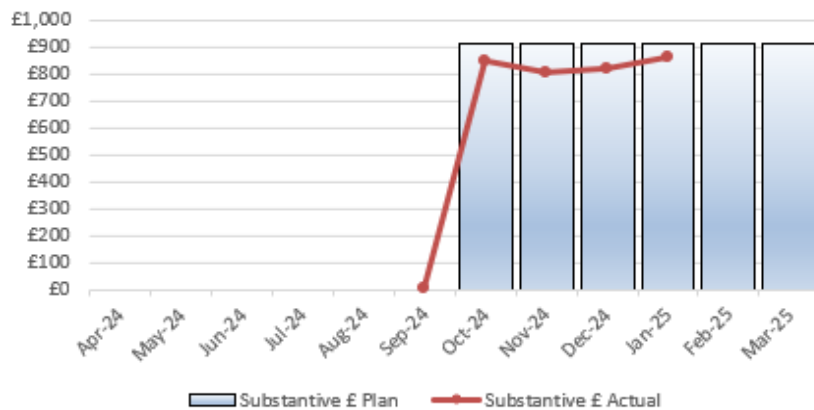
Dudley Place Bank WTE



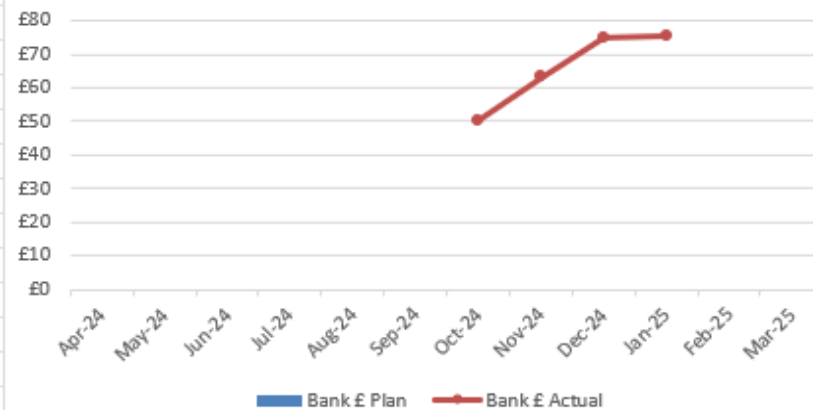
Dudley Place Agency WTE



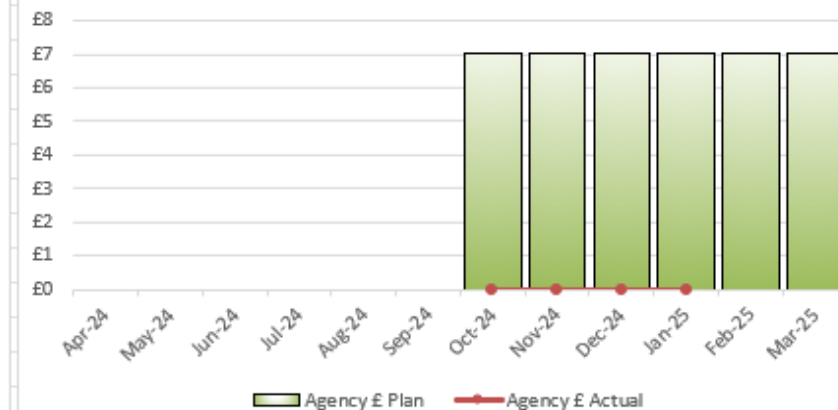
Dudley Place Substantive £



Dudley Place Bank £



Dudley Place Agency £



M10 – Workforce Metrics



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Metric	Rate	Target	Trend	
Absence – In Month	5.96	<=5%	↑	<p>Sickness Absence</p> <p>In-month sickness absence for January 2025 is 5.96% an increase from 5.95% in December 2024.</p>
Absence - 12m Rolling	5.28%	<=5%	↑	<p>The rolling 12-month absence has increased from 5.23% in December 2024 to 5.28% in January 2025.</p>
Turnover	7.17%	<=8%	↑	<p>Turnover</p> <p>Turnover (all terminations) has increased from 7.15% in December 2024 to 7.17% in January 2025.</p>
Normalised Turnover	3.08%	<=5%	↑	<p>Normalised Turnover has increased from 3.02% in December 2024 to 3.08% in January 2025.</p> <p>Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed-term contracts, redundancy, retirement and rotations.</p>
Retention (12 month)	92.2%	>=80%	=	<p>Retention</p> <p>The 12-month retention rate has remained static at 92.2%.</p>
Vacancy Rate	5%	<=7%	=	<p>Vacancy Rate</p> <p>The vacancy rate has remained static at 5%.</p>
Mandatory Training	90.60%	>=90%	↓	<p>Mandatory Training</p> <p>Statutory Training decreased from 92.16% in December 2024 to 90.60% in January 2025. Overall, it has remained above 90% target for a sustained period.</p>



M10 – Vacancy Control Panel



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Date	Divisional Vacancy Control Panel					Executive Vacancy Control Panel				
	Post Presented	Posts Rejected	Posts Rejected %	Posts Approved	Posts Approved %	Post Presented	Posts Rejected	Posts Rejected %	Posts Approved	Posts Approved %
20/01/2024	25	6	24.00%	19	76.00%	19	7	36.84%	12	63.16%
27/01/2024	33	4	12.12%	29	87.88%	29	5	17.24%	24	82.76%
03/02/2024	32	17	53.13%	15	46.88%	15	0	0.00%	15	100.00%
Total	90	27	30.00%	63	70.00%	63	12	19.05%	51	80.95%



Quality Impact Assessments Cost Improvement bi-monthly report (January 2024 latest available data)



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Scheme No	Scheme Name	Divisional Project Lead	Overall QIA Risk Score	Reassessment Return Date
CCS-2425-002	Medicines Optimisation Rebate 24/25 - Pharmacy Share	Onajite Okoro	3	31/03/2025
CCS-2425-003	Medicines Optimisation Tocilizumab Biosimilar - Pharmacy Share	Onajite Okoro	3	31/03/2025
CCS-2425-004	Pharmacy Procurement - 24/25	Sarah Kinnerley	6	31/03/2025
CCS-2425-004a	Pharmacy Procurement 24/25 - Apixaban Saving	Sarah Kinnerley	6	31/03/2025
CCS-2425-005	Tendering of Consumables across BCPS	Rajshinder Ram	1	31/03/2025
CCS-2425-006	Introduction of decontamination units	Bill Norton	1	18/03/2025
CCS-2425-009	Children's Services Medicines Optimisation - Pharmacy Share	Jack Henderson	2	18/03/2025
CCS-2425-010	CCCS Procurement Savings	Amandeep Tung-Nahal	4	31/03/2025
CCS-2425-011	Ranibizumab Biosimilar Switch - Pharmacy Share	Onajite Okoro	6	31/03/2025
CCS-2425-031	Further develop CDC Dermoscopy to resolve ASI Challenge	Bes Hodo	1	31/03/2025
CCS-2425-032	CDC Efficiencies (Gastro)	Bes Hodo	1	31/03/2025
CCS-2425-033	CDC Efficiencies (CT & MRI Mobiles Units)	Bes Hodo	2	31/03/2025
CCS-2425-037	Division Wide Smaller Saving Schemes	Bes Hodo	1	31/03/2025
CCS-2425-038	CCCS Budget NonRec Review	Amandeep Tung-Nahal	1	31/03/2025
CCS-2425-039	CCCS ERF Over Performance	Amandeep Tung-Nahal	3	18/03/2025
CCS-2425-040	Review of CDC Reserve	Amandeep Tung-Nahal	2	31/03/2025
CCS-2425-041	IR & CTC Nurse Led Clinics	Amandeep Tung-Nahal	2	31/03/2025
CCS-2425-042	Reduce DNA rates in Diagnostics & Chemical Pathology	Amandeep Tung-Nahal	1	31/03/2025
CCS-2425-043	Record Acute SLT Activity on OASIS	Amandeep Tung-Nahal	3	31/03/2025
MIC-2425-001	MIC Procurement Savings	Rory McMahon	3	31/03/2025
MIC-2425-002	MIC Division Wide Vacancy Factor	Rory McMahon	4	31/03/2025
MIC-2425-003e	MIC budget review	Rory McMahon	1	31/03/2025
MIC-2425-003g	MIC budget review	Rory McMahon	1	31/03/2025
MIC-2425-007	Medicines Optimisation Rebate Medicine 24/25	Onajite Okoro	3	31/03/2025
MIC-2425-009	Medicines Optimisation Tocilizumab Biosimilar - Medicine Share	Onajite Okoro	3	31/03/2025
MIC-2425-011c	Overperformance of Virtual Ward Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-011e	Overperformance of Virtual Ward Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-014	CDC Dermoscopy Increased activity	Kate Keeling	1	31/03/2025
MIC-2425-015	Neurology Review of services	Kate Keeling	1	31/03/2025
MIC-2425-017	Recruitment of 2 Gastroenterology Consultants	Lucy Ford	1	31/03/2025
MIC-2425-020	Hepatology Workforce	Lucy Ford	1	31/03/2025
MIC-2425-021	Alcohol Care Team	Lucy Ford	1	31/03/2025
MIC-2425-032c	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	31/03/2025
MIC-2425-032e	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	31/03/2025
MIC-2425-032g	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	31/03/2025
MIC-2425-032h	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	31/03/2025
MIC-2425-036	5th Endoscopy Room	Lucy Ford	1	31/03/2025
MIC-2425-039	MIC-4% Reduction in Actually Employed WTE in post	Rory McMahon	13	12/02/2025
MIC-2425-040	MIC - Review posts vacant for 3 months	Rory McMahon	3	17/02/2025
MIC-2425-042	Counting and Coding ERF Activity	Rory McMahon	1	31/03/2025
MIC-2425-044	Overperformance of Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-046	MIC - Review posts vacant for 3 months - non-recurrent	Rory McMahon	3	17/02/2025
SWC-2425-001	SWC Procurement Savings	Jack Richards	4	31/03/2025
SWC-2425-004	TCAPP - Additional income over ERF plan	Jack Richards	3	31/03/2025
SWC-2425-007	Gynaecology Medicines Optimisation	Annie Willets	3	31/03/2025
SWC-2425-010	Ranibizumab Biosimilar Switch - SWC Share	Steve Randle	6	31/03/2025
SWC-2425-011	Children's Services Medicine Optimisation - SWC Share	Jack Henderson	2	18/03/2025
SWC-2425-012	Review Attend Anywhere licence renewal	Jack Richards	4	23/03/2025
SWC-2425-015	3D Printing in Oral Surgery	Steve Randle	1	09/03/2025
SWC-2425-018	PMB pathway-reduction in Histology sampling	Jo Malpass	2	31/03/2025
SWC-2425-020	Reduce use of printed patient leaflets	Rita Khan	1	03/03/2025
SWC-2425-023	Obs & Gynae - Additional Income above ERF plan	Jo Malpass	3	31/03/2025
SWC-2425-024	Children's Services - Additional Income above ERF plan	Alis Rasul	3	31/03/2025
SWC-2425-025	Specialist Surgery - Additional Income above ERF plan	Steve Randle	3	31/03/2025
SWC-2425-026	SUV - Additional Income above ERF plan	Charlie Heaton	3	31/03/2025
SWC-2425-027	T&O (inc Plastics) - Additional Income above ERF plan	Jenny Workman	3	31/03/2025
SWC-2425-029	T&O - Pharmacy Procurement 24/25 - Apixaban Saving	Jenny Workman	3	31/03/2025
SWC-2425-030	SUV - Pharmacy Procurement 24/25 - Apixaban Saving	Charlie Heaton	6	31/03/2025
SWC-2425-031	Obstetrics Medicines Optimisation	Annie Willets	3	31/03/2025
SWC-2425-036	OPD Booking	Steve Randle	1	31/03/2025
SWC-2425-040	Review posts vacant for 3 months	Jack Richards	3	09/03/2025
SWC-2425-043	Nursing home fees	Jack Richards	1	31/03/2025
SWC-2425-044	Computer Annual Licence	Steve Randle	1	31/03/2025
SWC-2425-045	Productivity Programme	Jack Richards	3	31/03/2025

CORP-2425-001	Corporate Procurement Savings	Paul Mellor	4	31/03/2025
CORP-2425-002	EBME 3rd Party Maintenance Rationalisation	Nigel Ford	1	31/03/2025
CORP-2425-003	PFI Commercial Agreement	Nigel Ford	4	31/03/2025
CORP-2425-009	Delay in Cloud Upgrade	Chris Benfield	1	31/03/2025
CORP-2425-010	IT 3rd Party Contracts	Sarah Ellis	1	31/03/2025
CORP-2425-011	Review Posts Vacant for 3 Months - Medical Director	Becky Edwards	2	31/03/2025
CORP-2425-012	Lung Health Checks	Adam Thomas	1	31/03/2025
CORP-2425-015	Review posts vacant for 3 months - Finance	Richard Price	1	31/03/2025
CORP-2425-016	Governance Legal Fees	Andy Proctor	1	31/03/2025
CORP-2425-017	Review posts vacant for 3 months - Governance	Andy Proctor	1	31/03/2025
CORP-2425-018	Review posts vacant for 3 months - IT	Sarah Ellis	3	31/03/2025
CORP-2425-019	Nursing Director Income	Martina Morris	6	31/03/2025
CORP-2425-020	Review Posts Vacant for 3 Months - Nursing Director	Martina Morris	2	03/02/2025
CORP-2425-021	Review posts vacant for 3 months - Strategy & Transformation	Adam Thomas	1	31/03/2025
CORP-2425-022	Finance Estates Trust Energy Costs	Nigel Ford	1	31/03/2025
CORP-2425-023	Finance Estates Rent and Service Charge Income	Nigel Ford	1	31/03/2025
CORP-2425-024	Review Posts vacant for 3 months - HR	Karen Brogan	1	03/02/2025
CORP-2425-025	Medical Director Training	Becky Edwards	2	03/02/2025
CORP-2425-026	HR Non-Recurrent Income	Karen Brogan	1	03/02/2025
CORP-2425-027	4% Reduction in actually employed WTE in post - IT	Ravinder Sahota-Thand	13	03/02/2025
CORP-2425-028	4% Reduction in actually employed WTE in post - Strategy & Transformation	Adam Thomas	5	20/03/2025
CORP-2425-029	PFI Energy ETA	Nigel Ford	1	31/03/2025
CORP-2425-030	Finance PFI Commercial Agreement REC	Chris Walker	4	03/02/2025
CORP-2425-031	Additional income - Urgent & Emerg Care Growth Funding from ICB contract	Richard Price	1	31/03/2025
CORP-2425-032	HR Staffing Establishment VAC Reviews	Karen Brogan	1	03/02/2025
CORP-2425-033	4% Reduction in Actually Employed WTE in post - Corporate Resilience Bank	Karen Kelly	13	31/03/2025
CORP-2425-034	Review posts vacant for 3 months - Operational Management	Karen Kelly	1	03/02/2025
CORP-2425-035	Review posts vacant for 3 months - R&D	Gail Parsons	2	31/03/2025
CORP-2425-036	IT 3rd Party Maintenance Contracts	Sara Ellis	1	19/03/2025
CORP-2425-037	Nursing Director Vacancy	Martina Morris	2	31/03/2025
CORP-2425-039	Improving Practice Non Pay	Peter Lowe	1	31/03/2025

Scheme No	Scheme Name	Divisional Project Lead	Overall QIA Risk Score
CCS-2425-035	Review posts vacant for 3months	Amandeep Tung-Nahal	3
CCS-2425-036	Repatriate Plain Film MSK Reporting Inhouse	Bill Norton	2

As at the end of January 2025, there were no immediate QIA related risks to the programme from the schemes listed in terms of their Quality Impact Assessment Scoring or review call back schedule. There was however financial risk identified in terms of continued programme delivery. Based on the proposed 4% workforce reduction that was planned to be in place across the Trust by October 2024, these divisional objectives are no longer viable. However, an additional activity performed either through the Elective Recovery Fund (ERF) or savings via vacancy control will be used to offset this. A variety of non-financial QIAs had been completed during this period and reviewed and signed off by the Chief Nurse and Medical Director.

M10 - Summary of Nursing KPI Audits (January 2024)



The Dudley Group
NHS Foundation Trust

	Aug	Sep	Oct	Nov	Dec	Jan
Tissue Viability SKIN audit (CQUIN 12)	96.6%	96.7%	97.1%	96.5%	97.6%	96.3%
Hand Hygiene '5 moments' audit	98.7%	98.5%	98.5%	98.8%	98.6%	98.3%
Hand Hygiene Environment Audit	98.8%	99.9%	98.9%	99%	98.8%	98.7%
Matron In Patient Audit	91.0%	84.0%	86.3%	87.3%	90.5%	90.8%
Matron Audit - Out Patient Areas	93.3%	94.2%	95.5%	96.7%	96.7%	96.4%
Standard of Documentation Audit	97.5%	97.7%	97.6%	97.5%	97.6%	97.6%
Lead Nurse In Patient Audit	92.7%	92.5%	93.9%	91.7%	94.2%	93.2%

Note: Standard of documentation audit is being piloted as a flexible frequency audit from January 2025 using an AMaT monitoring system. Quarterly audit is standard, therefore scores from January will reflect data submitted so far in Q4 2024/25.



M10 - Summary of Nurse Sensitive Indicators – CN

quality dashboard (January 2024)

The Dudley Group
NHS Foundation Trust

WardGroup	Budget WTE	Contracted WTE	Vacancy %	Sickness %	All Unavailability %	Parenting	All Unavailability	Total CHPPD	Mandatory Training %	%FFT Inpatient, Good & VeryGood	Open Complaints (at the end of previous month)	Pressure Ulcers (Cat 3 & above)	Molsture Associated Skin Damage	Falls with Harm	Cardiac Arrest Calls	Total Positive C-Diff Cases	Patient Observations Completed On Time %	WardGroup	Hand Hygiene 5 moments audit (v2)	Hand Hygiene Environment Audit - Monthly	Lead Nurse In Patient Audit	Matron In Patient Audit	Standard of Documentation Audit	Tissue Viability SKIN audit (CQUIN 12)	WardGroup	Has a falls risk assessment been completed?	MUST or MUAC completed	Waterlow completed
AMU	218.0	199.1	8.7%	7.3%	29.5%	13.0	58.8		94.3%		18	0	0	0	0	0	49%	AMU	100.0%	98.7%	91.3%	93.5%	97.9%	97.3%	AMU	100.0%	87.5%	100.0%
CCU	54.1	49.0	9.4%	8.8%	31.6%	4.6	15.5		94.3%		1	0	4	0	1	0	44%	CCU	100.0%	100.0%	90.0%	92.9%	95.4%	100.0%	CCU	100.0%	100.0%	100.0%
Critical Care	120.4	127.0	-5.5%	10.7%	39.3%	15.5	49.9		93.9%	100%	1	0	2	0	0	0	55%	Critical Care	91.1%	100.0%	94.4%	88.5%	95.1%	98.4%	Critical Care	88.0%	90.0%	100.0%
Discharge Lounge	11.9	11.7	-1.6%	11.9%	42.3%	1.4	4.9		95.4%		0	0	0	0	0	0	8%	Discharge Lounge	100.0%	100.0%	n/a	96.5%	93.8%	n/a	Discharge Lounge	n/a	n/a	n/a
ED	188.7	164.2	13.0%	10.4%	37.8%	15.9	62.1		92.8%		17	0	2	0	0	0	83%	ED	99.5%	100.0%	n/a	n/a	94.0%	n/a	ED	n/a	n/a	n/a
ESH	73.7	72.3	-1.9%	6.1%	24.0%	3.7	17.3		93.8%	58%	4	0	0	1	0	0	54%	ESH	100.0%	100.0%	87.4%	n/a	n/a	93.2%	ESH	90.0%	30.0%	90.0%
FMNU	44.6	41.2	7.5%	9.9%	22.4%	0.2	9.2		96.2%		0	0	0	0	0	0	70%	FMNU	96.9%	100.0%	97.2%	100.0%	95.9%	95.8%	FMNU	100.0%	100.0%	100.0%
Maternity	150.8	164.1	-8.8%	9.9%	40.9%	14.5	67.0		91.4%		4	0	0	0	0	0	52%	Maternity	100.0%	100.0%	n/a	n/a	n/a	88.4%	Maternity	n/a	n/a	n/a
MECU	21.4	20.8	3.2%	0.7%	20.3%	4.2	4.2		95.6%	100%	0	0	0	0	0	0	37%	MECU	100.0%	100.0%	94.2%	86.0%	100.0%	100.0%	MECU	100.0%	90.0%	80.0%
Neonatal Unit	48.0	60.7	-26.4%	7.8%	33.6%	3.2	20.4		93.8%	100%	0	0	0	0	0	0	0	Neonatal Unit	n/a	n/a	n/a	n/a	n/a	n/a	Neonatal Unit	n/a	n/a	n/a
Renal Unit	37.5	36.8	1.7%	15.1%	33.4%	2.2	12.3		93.8%		0	0	0	0	0	0	58%	Renal Unit	99.7%	97.3%	n/a	n/a	n/a	n/a	Renal Unit	n/a	n/a	n/a
SDEC	71.0	64.4	9.3%	7.5%	30.2%	2.8	19.5		90.9%	97%	7	0	0	0	0	0	77%	SDEC	100.0%	100.0%	n/a	n/a	100.0%	n/a	SDEC	n/a	n/a	n/a
Ward A2											1	0	0	0	0	0	41%	Ward A2	n/a	100.0%	n/a	n/a	100.0%	n/a	Ward A2	n/a	n/a	n/a
Ward B1	31.0	30.6	1.2%	9.1%	29.8%	3.1	9.1		97.4%	82%	1	0	0	0	0	0	67%	Ward B1	100.0%	100.0%	96.9%	98.2%	100.0%	100.0%	Ward B1	80.0%	100.0%	90.0%
Ward B2 Hip	50.0	51.1	-2.2%	9.8%	32.5%	4.2	16.6		92.7%	0%	1	0	0	0	0	0	25%	Ward B2 Hip	100.0%	94.7%	96.6%	89.7%	96.0%	97.8%	Ward B2 Hip	100.0%	100.0%	100.0%
Ward B2 Trauma	42.1	44.4	-5.8%	10.6%	28.5%	0.0	12.7		99.0%	73%	1	0	5	0	0	0	20%	Ward B2 Trauma	94.4%	88.9%	88.5%	86.2%	97.5%	89.7%	Ward B2 Trauma	100.0%	100.0%	100.0%
Ward B3	64.2	63.8	0.7%	10.9%	30.9%	2.9	19.7		89.1%	75%	7	0	7	0	0	0	46%	Ward B3	98.4%	94.7%	95.3%	94.5%	93.2%	100.0%	Ward B3	100.0%	90.0%	100.0%
Ward B4	80.1	74.3	7.3%	10.3%	33.8%	6.4	25.1		90.9%	78%	6	0	8	0	0	0	45%	Ward B4	100.0%	100.0%	89.3%	89.3%	n/a	91.7%	Ward B4	100.0%	100.0%	100.0%
Ward B6	25.2	23.9	5.2%	14.2%	32.0%	0.1	7.6		93.9%	0%	1	0	0	2	0	0	22%	Ward B6	93.5%	89.5%	93.7%	90.9%	93.3%	94.0%	Ward B6	100.0%	100.0%	100.0%
Ward C1A	37.4	34.3	8.2%	10.2%	32.0%	3.1	11.0		90.0%	50%	1	0	0	0	0	0	24%	Ward C1A	100.0%	94.7%	96.4%	94.5%	100.0%	100.0%	Ward C1A	100.0%	80.0%	100.0%
Ward C1B	38.1	37.1	2.6%	7.5%	25.2%	0.8	9.4		93.6%		0	0	0	0	0	0	19%	Ward C1B	n/a	n/a	94.1%	94.2%	n/a	100.0%	Ward C1B	100.0%	100.0%	100.0%
Ward C2	58.1	53.4	8.2%	8.6%	25.6%	2.7	13.7		88.7%	93%	1	0	0	0	0	0	63%	Ward C2	93.8%	100.0%	n/a	n/a	94.3%	n/a	Ward C2	n/a	n/a	n/a
Ward C3	56.5	52.5	7.1%	2.7%	19.3%	2.1	10.2		92.0%	100%	5	0	1	1	0	0	14%	Ward C3	97.0%	100.0%	97.3%	94.7%	100.0%	98.8%	Ward C3	100.0%	100.0%	100.0%
Ward C4	64.2	63.1	1.7%	12.4%	35.6%	6.8	22.5		90.2%	50%	2	0	2	0	0	0	51%	Ward C4	94.7%	100.0%	87.6%	96.5%	n/a	95.2%	Ward C4	80.0%	80.0%	80.0%
Ward C5	87.8	84.2	4.1%	8.7%	32.9%	4.1	27.7		94.5%	75%	2	0	1	0	0	0	21%	Ward C5	100.0%	94.7%	96.5%	83.9%	99.7%	100.0%	Ward C5	100.0%	100.0%	100.0%
Ward C6	31.8	35.9	-12.9%	11.9%	34.6%	3.0	12.4		89.4%	88%	0	0	0	0	0	0	48%	Ward C6	n/a	94.7%	91.7%	87.7%	96.6%	n/a	Ward C6	100.0%	25.0%	87.5%
Ward C7	64.1	61.6	3.9%	11.9%	40.8%	5.8	25.1		96.2%	85%	0	0	2	0	0	0	38%	Ward C7	96.2%	94.7%	97.5%	93.1%	94.7%	94.1%	Ward C7	100.0%	100.0%	100.0%
Ward C8	81.9	76.3	6.9%	10.6%	29.6%	2.0	22.5		91.3%	86%	7	0	0	0	0	0	18%	Ward C8	100.0%	89.5%	80.0%	86.0%	100.0%	96.6%	Ward C8	75.0%	37.5%	100.0%
Total	1,852.6	1,777.6	3.0%	9.4%	32.6%	124.3	586.4		92.9%	84%	81	1	34	5	7	0	48%	Total	98.3%	97.7%	93.2%	91.1%	97.8%	96.5%	Total	93.3%	78.0%	94.3%

Note: A focused review of patient observations completed on time is in progress to assess actions required to improve performance. Lack of IT equipment, increased capacity pressures and patients on wards, use of corporate team nursing/AHP staff who are not used to ward environments are current contributing factors to this red metric.

Sickness increased across all ward areas – seasonal related illness is the main cause.



M10 - Safer Staffing Data (January 2024)



Safer Staffing Summary		Jan		Days in Month								31							
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	RN	CSW	RN	CSW	Sum 24:00 Actual CHPPD						
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Day %	Day %	N %	N %	Occ	Registered	Care staff	Total			
B1	127	101	63	59	62	62	51	49	79%	93%	100%	96%	418	4.43	2.96	7.39			
B2(H)	124	107	194	184	93	87	184	176	86%	95%	94%	96%	734	3.17	5.75	8.92			
B2(T)	124	109	131	114	93	82	115	106	88%	87%	88%	92%	725	3.16	3.64	6.80			
B3	194	185	205	173	186	179	173	164	95%	85%	96%	95%	1,185	3.61	3.41	7.02			
B4	226	182	267	197	187	178	212	185	80%	74%	95%	87%	1,309	3.23	3.50	6.72			
B5	253	215	175	143	243	222	111	102	85%	82%	91%	92%	1,136	4.71	2.53	7.24			
B6	97	72	80	45	63	58	82	74	74%	57%	92%	91%	492	3.09	2.92	6.02			
C1 A	126	131	147	111	93	90	118	112	104%	76%	97%	95%	736	3.51	3.63	7.14			
C1 B	129	124	136	122	93	90	99	90	95%	90%	97%	91%	736	3.40	3.37	6.77			
C2	283	232	64	70	249	225	63	62	82%	108%	90%	99%	556	9.65	2.79	12.43			
C3	217	226	433	370	187	176	417	400	104%	85%	94%	96%	1,605	3.01	5.64	8.65			
C4	209	165	74	63	125	92	68	75	79%	84%	74%	110%	675	4.45	2.35	6.80			
C5 A	121	106	171	106	93	93	142	133	87%	62%	100%	94%	740	3.26	3.87	7.13			
C5 B	162	151	130	102	155	150	101	93	93%	78%	97%	92%	732	4.84	3.20	8.03			
C6	97	89	99	79	93	85	72	68	92%	80%	91%	94%	574	3.57	3.08	6.65			
C7	218	166	194	179	156	147	189	178	76%	92%	94%	94%	1,097	3.35	3.91	7.25			
C8	259	246	226	181	217	200	186	171	95%	80%	92%	92%	1,324	3.95	3.19	7.13			
CCU_PCCU	256	238	70	47	218	214	40	31	93%	67%	98%	78%	768	6.91	1.21	8.13			
Critical Care	525	452	124	87	527	465			86%	70%	88%		540	20.37	1.93	22.30			
AMU	551	525	465	398	498	530	468	451	95%	86%	106%	96%	2,468	5.02	4.13	9.15			
Maternity	852	795	262	189	527	515	156	142	93%	72%	98%	91%	1,391	9.01	2.79	11.80			
MECU	93	91	34	27	93	92			98%	80%	99%		225	9.76	1.34	11.10			
NNU	389	258			268	225			66%		84%		314	18.40	0.00	18.40			
TOTAL	5,630	4,965	3,743	3,044	4,519	4,255	3,047	2,863	88%	81%	94%	94%	20,480	5.19	3.43	8.61			



Paper for submission to the Board on Thursday 13th March 2025

Report title:	Gender Pay Gap (GPG) Report 2024/25
Sponsoring executive:	Karen Brogan - Interim Chief People Officer
Report author:	Becky Cooke - Equalities Business Partner

1. Summary of key issues
Assure

The Government mandates organisations with 250 or more employees to report annually on their Gender Pay Gap (GPG). The mandate, within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, requires organisations to publish information relating to pay measures detailed within this report. This report details progress, actions taken throughout 2024, and actions to take throughout 2025 to continue to narrow the gender pay gap.

Advise

Trust data highlights a mean gender pay gap of 33.2% in March 2024, showing a 6.3% decrease from March 2023, when the gap was 39.5%.

The median Gender Pay Gap is 21.3% in March 2024, showing a decrease since March 2023 of 2.1% when the gap was 23.4%.

The median pay gap is calculated as the percentage difference between the mid-point hourly salary for men and the mid-point hourly salary for women. The mean Gender Pay Gap is the difference in the average hourly pay for women compared to men within an organisation.

Alert

Although some improvements have been made there is still more work to be done, especially in addressing pay disparities and increasing representation of women in higher-paid roles. Planned actions to bridge the pay gap are aligned to the Trust's overarching Equality, Diversity and Inclusion Journey implementation plan.

2. Alignment to our Vision

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

3. Report journey

EDI Steering Group, People Committee

4. Recommendation

The Public Trust Board is asked to:
a) Approve report for publication

5. Impact

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
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 Board on Thursday 13th March 2025

Report title:	Equality Delivery System (EDS) Evaluation Report 2024
Sponsoring executive:	Karen Brogan - Interim Chief People Officer
Report author:	Paul Singh - Head of Equality, Diversity, Inclusion & Workforce Wellbeing

1. Summary of key issues
Assure

The Equality Delivery System (EDS) is an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It forms part of the NHS Standard Contract and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading. The EDS will also support the Trust in demonstrating compliance with the Public Sector Duty (PSED).

A renewed EDS was published in August 2022, with a requirement to undertake the process and publish a report annually. This is our second EDS annual report.

Advise

The Trust has been graded “Achieving” a total score of 22.5. This is an improvement from last year where the Trust received an overall score of 17, which was a rating of “Developing”. Many improvements are a result of interventions that the Trust has taken within the last year and aligns to progress made with the EDI Journey objectives. The Trust is in a good position to improve EDS performance in the upcoming year with an implementation plan that will be monitored by the EDS Working group and EDI Steering Group.

Alert

To ensure we maintain and improve on our Achieving grade status, we will:

- Continue to build on initiatives and partnerships to further support patients at risk of health inequalities by collaborative working through Dudley Place.
- Ensure a robust Accessible Information Standard process is in place with training provided, ensuring that patients with diverse needs are communicated with effectively and receive the information they require.
- Provide flexible working options and development opportunities to support staff with work life balance.
- Further develop Anti-discrimination campaigns and Human Resources policies to include a Trust commitment to addressing unacceptable behaviour.
- Continue to raise the Trust profile and engagement with health inequalities across the system and region to enhance inclusion and understanding.

2. Alignment to our Vision

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

3. Report journey

EDI Steering Group People Committee
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4. Recommendation

The Public Trust Board is asked to:

a) Approve the annual EDS Evaluation report
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5. Impact

Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
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Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
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Is Quality Impact Assessment required if so, add date: N/A
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Is Equality Impact Assessment required if so, add date: N/A

Paper for submission to the Board of Directors on 13 March 2025

Report title:	Guardian of Safe Working
Sponsoring executive/presenter:	Dr Julian Hobbs, Medical Director
Report author:	Mr Fouad Chaudhry, Guardian of Safe Working

1. Summary of key issues

Assure

This is the 7th report from the Guardian of Safe Working (GoSW) and covers the period between 02 July 2024 and 16 February 2025.

Alert

The purpose of this report is to give assurance to the Trust Board, via the People Committee who consider that Junior Doctors in Training (JDT) are safely rostered and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

Advise

This paper provides a summary of the following areas related to JDT and the 2016 TCS:

- Challenges
- Exception reports
- Vacancies (data provided by Medical Workforce Department)

To note the mitigations to support effective engagement with the Junior Doctors.

2. Alignment to our Vision

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

3. Report journey

People Committee, 25 February 2025

Board of Directors, 13 March 2025

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note the assurance

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
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

REPORTS FOR ASSURANCE

Guardian of Safe Working Report

Report to Trust Board, March 2025

1 EXECUTIVE SUMMARY

This is the 7th report from the Guardian of Safe Working (GoSW) and covers the period between 02 July 2024 and 16 February 2025.

There have been **69** exception reports raised in the period. **1** was carried forward from the previous report. **67** have been fully closed. Outcome of ER is combination of TOIL and payment. **2** ER's are pending.

No fines have been issued in this reporting period.

There are currently **62** vacancies in the junior workforce.

2 BACKGROUND INFORMATION

The purpose of this report is to give assurance to the Trust Board that Junior Doctors in Training (JDT) are safely rostered, and their working hours are compliant with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 (TCS).

This paper provides a summary of the following areas related to JDT and the 2016 TCS:

- Challenges
- Exception reports
- Vacancies (data provided by Medical Work Force Department)

The role of Guardian of Safe Working Hours (GoSW) is to:

- Ensure the confidence of doctors that their concerns will be addressed.
- Ensure improvements in working hours and work schedules for JDTs.
- Provide Board with assurance that junior medical staff are safe and able to work, identifying risks and advising Board on the required response.
- Ensure fair distribution of any financial penalty income, to the benefit of JDTs.

This is the 25th GoSW report and covers the period from 02 July 2024 to 16 February 2025. This is the 7th report from the current Guardian (Fouad Chaudhry). The Guardian has been working closely with colleagues from medical staffing and rostering, post graduate medical education staff, human resources, and finance to establish his role in the Trust and build relationships.

Exception Reports– 02-07-2024 till 16-02-2025 total = 69

Exception Reports (ER) over past quarter	
Reference period of report	02/07/24 - 16/02/25
Total number of exception reports received	69
Number relating to immediate patient safety issues	1
Number relating to hours of working	61
Number relating to pattern of work	4
Number relating to educational opportunities	2
Number relating to service support available to the doctor	2

Reasons for ER over last quarter by specialty & grade							
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding	
Immediate patient safety issues	General medicine	ST4	0	1	1	0	
	Total		0	1	1	0	
No. relating to hours/pattern	Acute Medicine	ST1	0	2	1	0	
	Gastroenterology	CT1	0	2	2	0	
	Gastroenterology	FY 1	0	1	1	0	
	Gastroenterology	FY2	0	3	3	0	
	General medicine	CT1	0	1	1	0	
	General medicine	FY 1	0	27	25	1	
	General medicine	ST4	0	6	5	1	
	General medicine	ST5	0	4	2	0	
	General surgery	FY1	0	1	1	0	
	Haematology	FY 1	0	1	1	0	
	Obstetrics and gynaecology	FY2	0	5	5	0	
	Paediatrics	FY 1	0	1	1	0	
	Paediatrics	ST1	1	1	2	0	
	Respiratory Medicine	FY 1	0	3	3	0	
	Surgical specialties	FY 1	0	6	6	0	
	Trauma & Orthopaedic Surgery	FY2	0	1	1	0	
	Total			1	65	60	2
	No. relating to educational opportunities	General medicine	FY 1	0	1	1	0
Surgical specialties		FY 1	0	1	1	0	
Total			0	2	2	0	
No. relating to service support available	Gastroenterology	FY2	0	1	0	0	
	Surgical specialties	FY2	0	1	0	0	
Total			0	2	0	0	

ER by Month

Month	Number of Doctors	Number of reports
July 2024	1	1
August 2024	8	14
September 2024	6	8
October 2024	9	20
November 2024	5	15
December 2024	5	8
January 2025	1	1
February 2025	1	2

Historic Data

Year	Total Exception Reports
2018	55
2019	103
2020	60
2021	44
2022	72
2023	69
2024	81

Exception Reports and Fines:

- No fines submitted.

Exception reports from Neighbouring Trusts:

2024	Wolverhampton	74 (382 Doctors in Training)
2024	Walsall	96
2024	Russells Hall, Dudley	81 (252 DiT)

Medical Vacancy:

- Doctors in training vacancy: **62**
- Total number of doctors in training: **252**

Department	Foundation Year 1	Foundation Year 2	GPST/Lower Training	Higher Training	Grand Total
Acute internal medicine			5	1	6
Anaesthetics			3		3
Cardiology		2	2		4
Chemical Pathology		1		1	2
Child and adolescent psych					0
Clinical Radiology				2	2
Dental Core Training			1		1
Emergency Medicine			6		6
Endo and Diabetes Mellitus					0
Gastroenterology			1		1
General Psychiatry					0
General Surgery	1			1	2

Geriatric Medicine	1		3		4
Obstetrics and gynaecology			4		4
Oral and maxillofacial surgery				1	1
Otolaryngology			1	1	2
Paediatrics			6	1	7
Palliative Medicine				1	1
Rehabilitation Medicine			2		2
Renal Medicine			2		2
Respiratory Medicine			5		5
Stroke Medicine	2				2
Tr & Orth Surgery	1	1	1		3
Urology	1				1
Vascular Surgery			1		1
	6	4	43	9	62

Mitigations:

Engagement with the junior doctor workforce continues to improve. The Guardian is following his strategy to engage with the junior doctors, which involves:

- The Junior Doctor Forum and Guardian of Safe Working forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution. In the last JDF once again the trainee doctors were encouraged to do the exceptional report if they work beyond their contracted hours. The JDF was reassured that ER is the right of every trainee if they work beyond their contracted hours.
- The number of exception reports during the reporting period is 69. Guardian has engaged with the junior doctors through the above-mentioned engagement strategy. The trainees were also encouraged to do ER if they are denied of attending training opportunities.
- The Guardian has been reassured through all these forums and meetings that the junior doctors are aware of the exception reporting process and are encouraged to submit one if they feel necessary.
- A constant reminder has been sent to the trainees from the junior doctor representative and the Guardian.
- Reminder emails are sent to the educational supervisors about the process. They are encouraged to arrange the meeting at the earliest with the trainee, once the exceptional report is submitted.
- Junior doctors have been conveyed by the Guardian through above mentioned engagement strategy that the Trust promotes a culture of safe working and high standard of learning opportunity.
- In addition, we have noticed that there were high numbers of ER from General medicine. That was likely triggered by flu outbreaks in various areas. It also impacted staffing in several departments. Additionally, the medical division taking on certain extra areas also put additional pressure on the existing staff.
- The guardian has involved with the Consultant in the GIM and following action plan has been agreed.

Action Plan GIM - Suggested by Dr Tamar Saeed.

- We will raise this issue surrounding exception reporting in our GIM Consultants' meeting to identify specific individual issues to address at the department level.
- FTPDs will be taken on board to ensure the FY doctors feel supported and will also seek support from our well-being champion Dr Richard Alleyne to arrange 1-1 meetings with the foundation doctors.
- We have been reassured that the extra surgery areas will be closed soon which will alleviate some pressure from the current staff in posts.
- Our executives have approved recruitment for the vacant positions. This will include replacing doctors who have resigned or are about to resign, as well as filling vacant deanery positions, including those in the GPVTS program. This will help ease the workload of the current staff in these roles.

Fouad Chaudhry
Guardian of Safe Working
March 2025

**Paper for submission to the Board of Directors
on 13th March 2025**

Report title:	Strategy & Annual Plan progress report – Q3 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 low turnover for nursing, midwifery and AHP staff.

Financial plan delivered at month 6 with variance £796k better than plan.

'ICan' programme to support local employment on target to achieve target.

Patients scanned for lung cancer each month as part of roll-out of the screening programme.

Advise

Latest publication of the Model Health System productivity metrics (cost per weighted activity unit) shows the trust in quartile 3 with higher costs than England average but with an improvement on the position in the previous publication. Staffing costs per activity unit remain in the highest quartile nationally.

65-week waiters have been virtually eliminated this quarter with challenges remaining in some specialties.

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 by £900k largely due to the risks associated with delivering a reduction in substantive workforce.

Latest carbon report based on emissions to 2023/24 shows a reduction of 1.5% but in order to achieve net zero trajectory, an annual reduction of 5.4% is required.

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 – 14th January 2025

Relevant sections to all four committees – 28th, 29th, 30th January 2025

Public Trust Board – 13th March 2025

4. Recommendation(s)

The Public Trust Board is asked to:

a) To note the strategy progress report for Q3 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 – Q3 2024/25

Report to Board of Directors on 13th March 2025

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 January.

The committees received the reports as being a comprehensive reflection.

BACKGROUND INFORMATION

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



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

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

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

Progress to highlight from quarter 3 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 9 with variance £812k better than plan.
- 'ICan' programme to support local employment on target to achieve target.
- Patients scanned for lung cancer each month as part of roll-out of the screening programme.
- Latest publication of the Model Health System productivity metrics (cost per weighted activity unit) shows the trust in quartile 3 with higher costs than England average but with an improvement on the position in the previous publication. Staffing costs per activity unit remain in the highest quartile nationally.
- 65-week waiters have been virtually eliminated this quarter with challenges remaining in some specialties.
- 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 by £900k largely due to the risks associated with delivering a reduction in substantive workforce.
- Latest carbon report based on emissions to 2023/24 shows a reduction of 1.5% but in order to achieve net zero trajectory, an annual reduction of 5.4% is required.

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 Q3 2024/25.

Ian Chadwell
Deputy Director of Strategy
4th February 2025

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	Green
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

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 Board of Directors 13 March 2025

Report title:	Board Assurance Framework
Sponsoring executive:	Diane Wake, Chief Executive
Report author:	Helen Board, Board Secretary

1. Summary of key issues

The Board Assurance Framework Report provides the Board of Directors with a summary view on the status of progress towards the achievement of its agreed strategic goals and the Trust objectives supporting each of them. This includes the risks, controls and gaps in controls, assurances, and mitigations associated with each.

Each committee receives their individual BAF risks scheduled throughout the year tabled by the executive lead for that risk; the date of most recent meeting is indicated. The Board of Directors is asked to receive a summary of the BAF given in appendix 1.

Summary of changes since the last report – January 2024

Each of the Committees articulate their assurance levels for each BAF risk for which they have oversight. This approach informs the agenda and regular management information received by the lead committee.

Of the nine risks listed, committee assurance ratings have not changed from the previous summary report:

- Nine (was eight) assigned a 'positive' rating
- None (was one) assigned an 'inconclusive' rating
- None (was none) assigned a 'negative' rating

Responding to the request for increased cross committee oversight of risks, each BAF risk is summarised in this document for the reporting period as follows:

BAF Risk 1.1: Quality: Safe, High-Quality Care There is a risk that the Trust fails to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.

The current risk score Q3, 24/25 is 12 (3x4) as there is a variation in ownership and embedding of key actions and learning. The Q4 2024/25 target score is 9 (3x3). The target is to reduce the likelihood score to 'possible' whilst the impact remains major. Note: Quality and Safety links to patient flow articulated in BAF 7.

Items to note

- Discharge management - Review of discharge process is in place, led by Director of Governance, Andy Proctor with work ongoing.
- Patient Experience and complaints framework – Further improvement observed and ongoing focus remains.
- Partnerships with work underway to improve involvement of clinical staff with key workstreams, systems and Place has work ongoing to relaunch the principles of collaboration across primary and secondary care.
- Quality account and agreed quality priorities – update on progress with quality priorities presented at the end of January 2025. Quality priorities for 2025/26 are being currently determined.

The risk appetite is defined as Cautious. Committee assurance level rating was last reviewed in February 2025 with the assurance level rating updated from inconclusive to positive.

BAF Risk 1.2: Compliance and Regulatory Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action.

The current risk score is 12 (4x3). Updated February 2025. Current Trust overall rating of Requires Improvement with recent CQC inspections:

- Announced Inspection of Maternity (Apr23) increased to Good overall. This increased Trust Safe Domain to Requires Improvement
- Unannounced inspection of ED (May 23); report published Nov 23. Improvement in 2 domains to Good; however, the overall rating remained as Requires Improvement
- Unannounced inspection of Children and Young People (Jun23) Report published Nov 23, overall rating increased to Good.

Score remains at 12 due to:

- Quality and Safety Review schedule have recommenced at the Core Service level; areas for improvement identified have the potential to negatively impact on the Safe domain rating.
- The self-assessment process timeframe extended as the executive director review and agreement of the ratings has had to be rescheduled due to Trust capacity issues. The core service leads have all rated their areas.
- The integration of the Place Division into the Trust Governance Framework is making good progress. However further internal assurance is required in terms of compliance to CQC quality standards
- There are a small number of actions post CQC inspection that are yet to be completed and evidenced and uncertainty around CQC's approaches to inspection and their processes may negatively impact on reinspection timing.

The target score is 6 (2x3) as there is potential for possible breaches of standards and performance challenges, but these would not be considered to pose significant challenges to resolve/recover. The risk appetite is defined as Open. Committee assurance level rating was last reviewed in February 2025 and remained as positive.

Items to note

The document has been subject to review including updates to key controls, actions, assurances and note there was very little movement within the month in terms of score or strengthening controls.

- CQC self-assessment – process to be undertaken for Place services – presentation due April 2025
- Quality & Safety Assurance framework - concerns raised where improvement planning has not yet addressed ongoing issue/risk is currently challenged in making progress. To work with services under review to support SMART action planning. Dudley Improvement Practice to ensure appropriate improvement skills/expertise is utilised to help address recurrent issues

Sharing and embedding of procedural documents require strengthening currently challenged in making progress. Divisions and Corporate teams to devise a process for sharing and testing procedural documents through spot checks and forward audit planning.

BAF Risk 2 – Failure to effectively manage workforce demand and capacity which will compromise the ability to deliver safe and effective care, maintain staff morale and regulatory compliance Current risk score is 12 (4x3) (Serious x Possible). This is because the Trust requires sufficient workforce capacity to deliver safe services. This score has been reviewed in line with the levers in the Risk Management Strategy, the rationale is that there has been a marked increase in sickness absence which will impact on capacity. Whilst there are existing staffing challenges, normalised vacancy levels are low, retention remains high. There

has been a decrease in turnover. There remain shortages in some professions such as Allied Health Professionals (Radiographers) and Pharmacists.

There remain challenges around data quality, impacting on workforce planning for current and future workforce requirements (including number of staff, skill-mix, and training) which may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives.

The score is impacted by the rise in sickness absence rates, workforce reduction plan and current vacancy pause – which could negatively impact this measure, where reductions have been made these have been supported by a quality impact assessment.

Additional challenges include challenges in providing sufficient vacancies for newly qualified nurses, fragile services that are difficult to recruit to and sustain sufficient workforce and effective rostering and utilisation of bank staff.

The target score is 9 (3x3) (Moderate x Possible). The target risk will remain under consideration given the detailed workforce plan and potential risk. Assigned Risk appetite 'seek'.

Items to note

- Review of EAP (Employee Assistance Programme) service provision revised target date of 31/3/25 (was Feb 25) with ongoing conversations with potential providers, and working with procurement services in sourcing service providers. Current EAP service provision will expire 30th June.
- Ensure a rolling programme of health surveillance is in place via the Trust's Occupational Health Service (SHAW) revised target date of 1/4/25 (was Feb 25)
- Delivery of phase 1 improvements identified from the AHP Workforce review work already underway and review impact Feb 25 (was Jan 25).
- Ensure policies, procedures and SOPs are in place for all clinical and administrative functions within the department's target date revised to 01/04/25 (was Feb 25)

To note that the People Committee retained a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 3 – Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence The current risk score is 12 (3x4). Given the improvements in key indicators of staff satisfaction the likelihood is deemed to be 'Possible'. The impact of this risk, should it be realised, would be 'Major.' There are a range of mitigating actions in place, which will reduce the risk score (Post Mitigation Risk Score) to 6 (Minor/Possible) during 2024/25.

Whilst there has been improved staff retention and reduced vacancy levels and stable sickness absence, the Trust has remained stable in terms of staff survey results, with scores performing around benchmark position for all people promises and staff engagement and morale themes.

Failure to deliver against the Trust's Strategic Plan, People Plan and the NHS People Promises will impact on the score in this area. There are mitigating actions in place but measures of engagement and morale are at fixed points in time which make it difficult to establish a reliable assessment of organisational effectiveness in this area.

Increased financial scrutiny and additional restrictions to support delivery of the financial recovery plan negatively impact staff engagement and morale. Restrictions on recruitment through grip and control impact negatively on engagement and morale in wider teams as this results in delays in cover for vacancies and increased workload. Increased periods of operational demand create

potential tensions in teams which can impact engagement and morale. Mitigation for this is in place through the People Plan and support packages in place. The transfer in of DHIC staff is an unknown impact on engagement and this will need to be closely monitored to support proactive action.

The target score is 6 (2x3), The aim is to move the likelihood to 'Possible,' whilst the impact of the risk will be Minor.

Items to note

- Update wellbeing Hub pages on track to meet revised dated of 31/3/25
- Re-launch wellbeing conversations on track to meet revised date of 31/3/25

To note that the People Committee retained a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 4 – Financial Sustainability Rationale for current risk score - the current risk score is 20 (5x4) Q3 based on an almost certain and major impact assessment. The Trust had set a deficit plan of £32.6m which has subsequently been revised to a £1.6m deficit following receipt of deficit funding and a distribution of the ICB surplus. To achieve this plan the Trust is required to deliver £31.9m CIP. The medium-term financial plan requires further work at a system level to substantiate future years efficiency plans.

The target risk score is 12 (4x3). This is based on a reduction in likelihood (from 4 to 3) but unchanged impact. This reflects the Trust having a fully identified CIP plan for 2024/25 and a clear medium-term plan showing financial sustainability.

Items to note

- The Trust is £0.166m ahead of its plan at the end of Month 10 with the positive position from plan reducing since Month 6 as the Trust has experienced cost pressures associated with increased emergency activity and accounted for the Band 2-3 back pay and on-going costs. The Trust has also seen a shortfall in ERF performance in M9 and M10 against the internal target.
- At month 10 reporting the full CIP plan of £31.896 has been identified (with further schemes above this identified to mitigate non-delivery). Of the forecast delivery £22.468m is recurrent. This is 72% of the forecast CIP. The Trust needs to turn as much of this recurrent before the end of the financial year. Delivery of the identified CIP plan is currently forecast to be a shortfall of £0.690m.
- As at the end of January ERF is performing well with the Trust overperforming against the NHSE plan by £12.702m. The Trust did fall behind the internal plan for year to date at the end January with Surgery underachieving their revised internal plan.
- The System has reviewed its financial forecast for 24/25 and is showing a £12m shortfall against the plan. Providers have agreed to continue to find all possible solutions to enable this shortfall to be recovered. Revised targets have been given to providers of which a joint stretch target of £4.6m has been given to S&WB and DGFT. At the time of writing agreement has been made with S&WB that they will cover this shortfall however the Trust will continue to try and over achieve its current plan.

To note that the Committee maintained 'positive' Committee level assurance rating at its last meeting.

BAF Risk 5 – Carbon Emissions Reduction Rational for current risk score - The current risk score is 12 (3x4). This is because we still developing our understanding of what actions will have the biggest change on carbon emissions. A baseline has been published but actions particularly around decarbonisation of the estate will only demonstrate impact over a longer

time frame. The impacts of climate change are here now, and the Trust needs to adapt to ensure risk and impact are mitigated.

The target score is 8 (4x2). The Trust needs to develop appropriate plans to ensure that this is unlikely, whilst the impact would remain major. The Committee assigned a positive assurance rating in October 2024.

Items to note

- Key controls updated to include – The Green Plan 2020-2025, [Travel Plan for RHH](#) was established in January 2024
- The refreshed Green Plan is due to go to Green Plan Working Group (GPWG) then to Finance & Productivity Committee in April.
- The Energy and Estates Sub-Group are now meeting bi-monthly rather than quarterly to progress these actions
- Due to changes in Trust resource, the timescale within the Climate Change Adaptation Plan (CCAP) needs adjusting.
- Overarching environmental and energy policy for the Trust to be developed to support the implementation of the Green Plan.

BAF Risk 6 – Build Partnerships Failure to successfully build innovative partnerships due to competing organisation pressures, priorities and historic actions results in the Trust being unable to transform clinical services, improve the outcomes of our local population and develop our future workforce. The resulting impact will cause a risk to the following areas: regulatory, financial, workforce, patient outcomes, operational performance, and Trust reputation.

To note that BAF 6 residual score for is unchanged at 12 (3x4). This is based on a possible and major impact assessment. The impact is assessed as major as the health outcomes of our population will not improve without us working in partnership to deliver transformation. There will also be an impact on our reputation.

The target score is 8 (2x4). The Trust should be making appropriate plans to ensure that this is 'unlikely', whilst the impact would remain 'major'. Risk appetite is Open. There are no operational risks linked to this BAF.

Item to note

- Establish partnership risk tracking and refresh governance arrangements for Dudley Health and Care Partnership revised date March 2025 (was Jan 25)

To note that the Integration Committee retained a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 7 – Achieve Operational Performance/Strategic goals Failure to achieve operational performance requirements and deliver strategic goals with potential to be subject to regulatory action.

Rational for current risk score - the current risk score is unchanged at 16 (4x4). This is on the basis that the current likelihood is "likely". The impact of this risk, should it be realised for the Trust's services, is 'major'. The inherent risk score is reduced to 20 (was 25 (5x5) reflective of improved performance but mindful of ongoing challenges.

Items to note

- Ambulance offloads have remained challenging throughout January and February. The additional bedspaces on Acute Medical Unit (AMU) have been essential in supporting flow, with additional patients also continuing to be accommodated in Discharge Lounge and the Surge areas. The medical division is working on a plan to close these additional

areas through the month of March to allow the areas to go back to normal operation. A 'SUPER' Made event is planned for the 24th and 25th February with support from NHSE to work on reducing the number of medically fit patients within the organisation. Plan in place to support 45 minute offloads in line with NHSE guidance

- Stroke rehabilitation beds have been opened at the Sandwell site to support intensive rehabilitation of patients suffering with long term rehabilitation needs. These beds are now available but transfer of patients to them continues to be underway. - ongoing

To note that the Committee assigned a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 8 – If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance and strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack. The current risk is 16 (4x4).

The current Digital, Data and Technology (DDaT) capacity is already exceeded. The pace of digital solution delivery is managed by strict priority criteria due to capacity constraints. This is rate-limiting the Trust's delivery of strategic objectives. Executive Leads have identified issues as a result of this, therefore the consequent risks are highly likely to manifest. Analytics, IT capacity and technology requirements of all strategic goals are identified as underpinning major dependent strategic consequences.

Items to note

Devolve the Software Applications contract revenue budget back to appropriate divisions and directorates, so that lines of oversight, budget management responsibility and divisional accountability is clear and equitable. Due to conflicting work priorities now expected end of March 2025

Add to clinical job plans protected time for key clinicians to undertake digital leadership work and professional development. A revised report will be submitted to Digital Trust Steering Group (DTSG) in March 2025 which will include a new scope for the Digital Network. Action completion expected by the end of May 2025.

The establishment of the Digital Leaders Network is underway with the Trust's Chief Clinical Information Officer (CCIO) leading on embedding the group. A revised report will be submitted to DTSG in March 2025 which will include a new scope for the Digital Network and the inclusion of operational/corporate staff. Action completion expected by the end of May 2025.

Upgrade the EPR software version to a supported version with update features that address clinical and operational risks (e.g. speed of access, results acknowledgement, paediatric electronic prescribing).

Associated corporate risks reviewed with the following removed CE71 (COR091) – The IT disaster recovery arrangements are not effective. CE1490 – Inability to deliver digital services and solutions which meet organisational expectation and timescales IT1723 – Lack of Trust wide adoption and resource to deploy N365 solution prior to Office 2010 de-support.

- DGNHFT currently manage the clinical risk management standard DCB0160 by exception through the roles of the medical director and chief nurse (in accordance with the provisions in the statute). There is currently no designated clinical safety officer (CSO) in post – however the post is approved and recruitment progressing (June 2024). Timely completion and clinical engagement with digital training is a substantial gap.

The following gaps in assurance have been removed from the BAF document:

- National EPR Core and Transformation capabilities gap analyses rating are poor, very poor and absent therefore do not provide sufficient assurance this is supported by the new peer-reviewed baseline Digital Maturity Assessment (DMA).
- The capacity and capability to deliver the minimum digital foundations projects by 2025 required the recruitment of additional temporary resources however these are due to end in March 2025 which may impact future timescales for delivery.
- In February 2024, the existing Sunrise infrastructure and application version will no longer be supported by the supplier. It will take 9 months to replace safely so has become a burning platform due to delays in agreeing the digital plan and drawing down available national capital.
- Currently ICB financial plans have not been approved by NHSE leaving a gap in assurance on ICB approval of frontline digitisation drawdown both in terms of delay to draw down impacting actions and removal of capital award entirely.

Next Steps

The Board Assurance Framework (BAF) refresh is underway with further Board workshop activity scheduled in the new financial year to discuss finalisation of the Trusts Risk appetite and alignment of the BAF to the refreshed Trust Strategy.

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		
Audit Committee – 9 th December 2024, Public Trust Board – 9 th January 2025		
4. Recommendations		
The Public Trust Board is asked to:		
a) Approve the updates made since the last meeting		
b) Note ongoing work embed effective risk management		
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:		

Summary Board Assurance Framework (BAF): February 2025 update

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – Inherent, current (residual), and target levels (Consequence x Likelihood)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board

ID	Area	Risk Description	Lead Exec	Lead Committee	Inherent Risk score	Current Residual Risk score	Target Risk Score	Risk Appetite	Committee Assurance Rating/ last reviewed
1.1	Quality: Safe, High-Quality Care	Failure to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.	Medical Director Chief Operating Officer Chief Nurse	Quality	20 (4x5)	12 (3x4)	9 (3x3)	Cautious	Positive Feb 2025
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action	Director of Governance	Quality	20 (4x5)	12 (3x)	6 (2x3)	Open	Positive Feb 2025
2	Workforce	Failure to effectively manage workforce demand and capacity to deliver Trust Strategic Objectives	Chief People Officer	People	20 (4x5)	12 (4x3)	9 (3x3)	Seek	Positive Feb 2025
3	Staff satisfaction	Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.	Chief People Officer	People	15 (3x5)	12 (3x4)	6 (2x3)	Open	Positive Feb 2025
4	Finance	Failure to remain financially sustainable in 2024/25 and beyond	Director of Finance	Finance and Productivity	20 (4x5)	20 (5x4)	12 (4x3)	Open	Positive Feb 2025
5	Environmental	Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets	Director of Finance	Finance and Productivity	16 (4x4)	12 (3x4)	8 (4x2)	Open	Positive Oct 2024
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Chief Integration Officer	Integration Committee	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive Feb 2025
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	20 (4x5)	16 (4x4)	12 (3x4)	Open	Positive Feb 2025
8	IT and Digital Infrastructure	Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation	Executive Chief Strategy & Digital Officer	Finance and Productivity	25 (5x5)	16 (4x4)	16 (4x4)	Open	Positive Feb 2025

Risk Scoring Levels					
	1	2	3	4	5
Consequence score	Negligible	Minor	Moderate	Major	Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/ recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Score	Level	Colour
1-4	Low risk	Green
5-12	Moderate risk	Yellow
15-16	High risk	Red

Committee Assurance Level descriptors updated March '23	
Positive	The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.
Inconclusive	Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.
Negative	There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further

Risk Appetite	Descriptor
None	Avoidance of Risk is a key organisational objective
Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
Cautious	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential
Open	Willing to consider all potential delivery options and choose whilst also providing an acceptable level of reward
Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

Paper for submission to the Board of Directors 13th March 2025

Report title:	Preparing for a CQC Well-led Review
Sponsoring executive:	Diane Wake, Chief Executive
Report author:	Helen Board, Board Secretary

1. Summary of key issues

In April 2023, the Care Quality Commission (CQC) published a revised approach to regulation which included a new assessment framework. In April 2024, the CQC published new guidance for trusts on assessing the well-led key question under the new approach.

The previous key lines of enquiry (KLOEs) have been replaced by quality statements of which there are eight within the well-led question. Under the new approach, an overall rating will be provided for the well-led question with an overall score calculated from those individual scores provided against each of the statements, explanatory 'judgement statements' and a summary of key evidence findings.

In line with best practice, regular developmental reviews of leadership and governance should be undertaken. It is proposed the Trust Board undertakes a self-assessment against the eight quality standards under the well-led question during Q4 24/25, this will consist of individual board members completing a self-evaluation questionnaire and the results being collated and presented to the full board for discussion and challenge.

Having established an agreed baseline, the plan is to commission external support to work with the Board to identify the areas for focus and development.

Proposed timeline of activity -

Activity/month 2024-25	Feb	Mar	Apr	May	June	July	Aug
Procurement - external well-led developmental review partner							
Notice of self-assessment action shared with Board							
Self-assessment survey distributed for completion by mid-April							
Analysis of survey/preparation of report							
Consider the findings at the June Board Workshop							
Undertake external well-led developmental review							

The full report is contained with the further reading pack associated with this meeting.

2. Alignment to our Vision

Deliver right care every time	X
Be a brilliant place to work and thrive	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 February 2025
4. Recommendations
The Public Trust Board is asked to:
a) COMPLETE a self-assessment against the CQC's eight well-led quality statements during March 2025 consider the findings at the June Board Workshop.
b) SUPPORT the proposal to commission an external provider-level well-led developmental 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	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:		