



## **Council of Governors Meeting Papers**

Thursday 20 March 2025 4:00pm – 6:00pm



Deliver right care every time

**NHS**

**The Dudley Group**  
NHS Foundation Trust

## Performance

- 28 day faster diagnosis standard (Target 77%)– 84.1%
- 31 day decision to treat to treatment (Target 96%) – 94.3%
- 62 day referral to treatment (Target 70%) – 80.5%



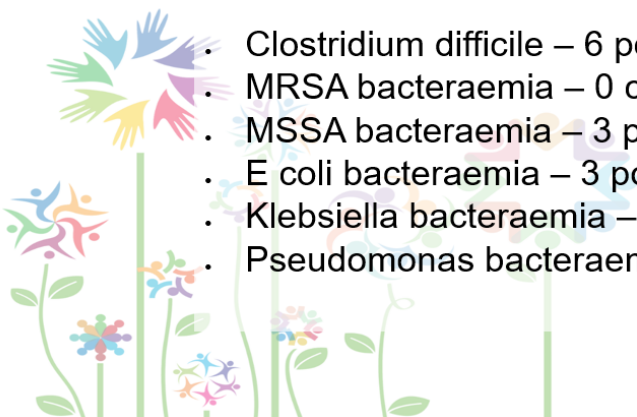
Deliver right care every time

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## Infection prevention & control for March

- Clostridium difficile – 6 post 48 hours (hospital onset).
- MRSA bacteraemia – 0 cases post 48-hour cases.
- MSSA bacteraemia – 3 post 48-hour cases.
- E coli bacteraemia – 3 post 48-hour cases.
- Klebsiella bacteraemia – 1 post 48-hour cases.
- Pseudomonas bacteraemia – 2 post 48-hour cases.



# COMMUNICATIONS ACTIVITY FEBRUARY

During February we had lots to share and celebrate across the Trust, including staff success, surpassing milestones on socials & launching new cafes!

## CHIEF NURSE OFFICER AWARD SUCCESS

We're 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 as a healthcare clinical support worker [HCSW], received the award for her commitment to outstanding patient care.

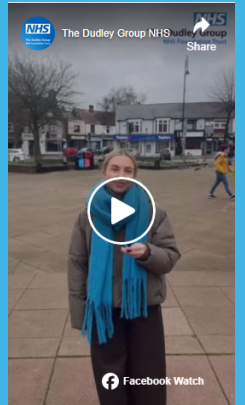
Lisa works on the Critical Care Unit at Russells Hall Hospital and has done so, for more than 15 years and was nominated her for the award because of the way she supports new starters on the unit including other clinical support workers and nursing students, and for the compassion she shows to patients who are end of life and their families.



## DO THE PEOPLE OF BRIERLEY HILL KNOW WHICH HEALTHCARE SERVICE TO USE WHEN THEY ARE UNWELL?

We took communications to the streets of Brierley Hill last month to find out if residents know which healthcare service to use when they are unwell.

Take a look at our video to find out how many correct services were identified



## CUBICLE REFURBISHMENT OFFERS SENSORY SUPPORT TO NERVOUS YOUNG PATIENTS

Children who visit the Children's Emergency Department at Russells Hall Hospital will be in for a calmer time as the departments main cubicle has been upgraded thanks to the Dudley Group NHS Charity.

A £10,000 grant from the Tesco Bags of Help scheme has funded the refurbishment of Cubicle four transforming it into a sensory space to help calm and distract our younger patients.

Take a look at the video [here](#)



## WE SURPASSED 1000 FOLLOWERS!



In February we surpassed the 1000 follower mark on our TikTok channel!

We also shared lots of videos including, national apprenticeship week, accessing the right service and the signs and symptoms of norovirus.

Take a look at our channel [here](#)

## WE ALSO SUPPORTED

**Norovirus awareness**  
**NHS 111 Option 2**  
**Vaccination Campaign**  
**Change NHS**  
**Menopause Cafes**

## MENOPAUSE CAFÉ IS A HUGE SUCCESS

Women's health took centre stage at the Coseley Family Hub as the local community gathered for an afternoon dedicated to raising awareness about menopause.

The Menopause Café, brought together healthcare professionals, and local residents to address the challenges and misconceptions surrounding menopause and highlight support systems available for the community.



# WE NEED YOUR SUPPORT IN THE COMING MONTHS



## People Pulse Survey

**Returning 1st April!**

Please encourage staff to submit their views!

### Nutrition and Hydration Week

March 17th

### Stress Awareness Month

April

### Annual Appraisal Window Opens

1st April

### Connect, Collaborate and Cake!

30th April

## Promoting the NHS App

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

## Trust social media channels

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

## Full Council of Governors meeting

20 March 2025 16:00hr

Corbett Outpatient Centre, Vicarage Road, Amblecote, Stourbridge, DY8 4JB

No.	Time	Item	Paper ref.	Purpose	Presenter
1.	16.00	<b>Welcome</b> 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Sir David Nicholson, Chair
2.		<b>Council Meeting</b> 3.1 Declarations of Interest <a href="https://www.dgft.nhs.uk/about-us/publications/register-of-interests/">https://www.dgft.nhs.uk/about-us/publications/register-of-interests/</a> 3.2 Quoracy 3.3 Announcements	Verbal	For noting	Sir David Nicholson, Chair
3.		<b>Previous Meeting</b> 19 <sup>th</sup> December 2024 – Full Council 4.1 Minutes 4.2 Matters Arising 4.3 Update on actions	Enc 1	For approval	Sir David Nicholson, Chair
4.	16.05	<b>Presentation - Staff Inclusion Network Leads</b>			Becky Cooke, Equalities Business Partner Raghvinder Ram, Co Vice Chair, EmbRACE Network Hannah Dodd, Chair, Women's Network
5.	16.25	<b>Chief Executive's update</b>	Enc 2	For information & discussion	Diane Wake, Chief Executive
6.	16.35	<b>Chair's update</b> 6.1 Board of Directors held March 2025 6.2 Non-executive committee chair feedback <i>by exception in respect of items for assurance, items to escalate and corporate risks</i>	Enc 3 Verbal	For information / assurance	Sir David Nicholson, Chair
7.	16.45	<b>Integrated Quality and Operational Performance Report</b>	Enc 4	For noting	Karen Kelly, Chief Operating Officer Julian Hobbs, Medical Director Martina Morris, Chief Nurse
8.	16.50	<b>Remuneration &amp; Appointments Committee</b> 8.1 Non-executive Director and Chair appraisal plan 2024/25	Enc 5	For approval	Gary Crowe, Deputy Chair

9.	17.00	<b>Trust Strategy Quarterly Report – Q3 2024/25</b>	Enc 6	For assurance	Adam Thomas, Executive Chief Strategy & Digital Officer
10	17.10	<b>Update on Trust Strategy and Annual Plan for 2025/26</b>	Enc 7	For information	Adam Thomas, Executive Chief Strategy & Digital Officer
11	17.20	<b>Consultation on the quality and safety delivery plan – overarching priorities</b>	Enc 8	For noting	Martina Morris, Chief Nurse
12	17.30	<b>Board Secretary update</b>	Enc 9	For approval / assurance	Helen Board, Board Secretary
13	17.40	<b>Lead Governor update</b>	Verbal	For information	Alex Giles, Lead Governor
14	17.45	<b>Experience &amp; Engagement Committee update</b>	Enc 10	For assurance	Mushtaq Hussain, Committee Chair
15	17.50	<b>Any Other Business</b> (to be notified to the Chair)	Verbal	For noting	Sir David Nicholson, Chair
16		<b>Reflections on the meeting</b>	Verbal		All
17	17.55	<b>Close of meeting and forward meeting dates 2025:</b>  <b>Council of Governors Meeting:</b> 19 <sup>th</sup> June, 18 <sup>th</sup> September and 18 <sup>th</sup> December <b>Annual Members Meeting:</b> 16 <sup>th</sup> October	Verbal		Sir David Nicholson, Chair

**Quoracy:**

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

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

**UNCONFIRMED Minutes of the Full Council of Governors meeting**

**Thursday 19<sup>th</sup> December 2024, 15:30 hrs**

**Rooms 7 & 8, Clinical Education Centre, 1<sup>st</sup> Floor, South Block, Russells Hall Hospital**

<b>Present:</b>	<b>Status</b>	<b>Representing</b>
Mr Julius Adams	Public Elected Governor	Halesowen
Mr Lewis Callary	Public Elected Governor	Rest of England
Mr Alexander Giles	Public Elected Governor	Stourbridge
Ms Natalia Hill	Appointed Governor	University of Wolverhampton
Mrs Vicky Homer	Public Elected Governor	South Staffordshire & Wyre Forest
Mr Mushtaq Hussain	Public Elected Governor	Central Dudley
Ms Clare Inglis	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Yunzheng Jiao	Staff Elected Governor	Allied Health Professionals & Health Care Scientists
Mr Anand Letha	Staff Elected Governor	Nursing & Midwifery
Mrs Lyndsay Millington	Staff Elected Governor	Nursing & Midwifery
Mr Craig Nevin	Public Elected Governor	Tipton & Rowley Regis
Mrs Khadeejat Ogunwolu	Staff Elected Governor	Nursing & Midwifery
Ms Angelika Pachowicz	Public Elected Governor	Brierley Hill
Ms Yvonne Peers	Public Elected Governor	North Dudley
Mr Phil Tonks	Public Elected Governor	Brierley Hill
Mrs Mary Turner	Appointed Governor	Dudley CVS
Mr Jonathan Woolley	Staff Elected Governor	Partner Organisations

**In Attendance:**

Mrs Helen Board	Board Secretary	DG NHS FT
Ms Karen Brogan	Interim Chief People Officer	DG NHS FT
Mr Ian Chadwell	Deputy Director of Strategy	DG NHS FT
Professor Gary Crowe	Non-executive Director	DG NHS FT
Mr Peter Featherstone	Non-executive Director	DG NHS FT
Dr Julian Hobbs	Medical Director	DG NHS FT
Professor Liz Hughes	Non-executive Director	DG NHS FT
Ms Catherine Holland	Non-executive Director	DG NHS FT
Ms Hannah Jones	Head of Communication	DG NHS FT
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	DG NHS FT
Sir David Nicholson	Trust Chair – <b>Chair of meeting</b>	DG NHS FT
Mr Andy Proctor	Director of Governance	DG NHS FT
Ms Kat Rose	Director of Strategy & Partnerships	DG NHS FT
Ms Nandi Shelembe	FT Member	DG NHS FT
Mr Adam Thomas	Chief Information Officer	DG NHS FT
Mr Chris Walker	Interim Director of Finance	DG NHS FT

**Apologies:**

Mrs Liz Abbiss	Director of Communications	DG NHS FT
Ms Kerry Cope	Staff Elected Governor	Nursing and Midwifery
Ms Jill Faulkner	Staff Elected Governor	Non-Clinical Staff
Mrs Joanne Hanley	Non-executive Director	DG NHS FT
Mrs Sandra Harris	Public Elected Governor	Central Dudley
Professor Anthony Hilton	Associate Non-executive Director	DG NHS FT
Mrs Karen Kelly	Chief Operating Officer	DG NHS FT
Mrs Catherine Lane	Staff Elected Governor	Nursing and Midwifery
Mrs Maria Lodge-Smith	Public Elected Governor	Stourbridge
Dr Mohit Mandiratta	Appointed Governor	Primary Care Representative
Dr Atef Michael	Staff Elected Governor	Medical and Dental
Mrs Martina Morris	Chief Nurse	DG NHS FT



Mrs Anne-Maria Newham	Non-executive Director	DG NHS FT
Ita O'Donovan	Associate Non-executive Director	DG NHS FT
Mr Vij Randeniya	Non-executive Director	DG NHS FT
Cllr Alan Taylor	Appointed Governor	Dudley MBC
Ms Diane Wake	Chief Executive	DG NHS FT
Mrs Jo Wakeman	Deputy Chief Nurse	DG NHS FT
Ms Joanne Williams	Public Elected Governor	Halesowen
Mr Lowell Williams	Non-executive Director	DG NHS FT

**Not In Attendance:**

Mrs Emily Butler	Public Elected Governor	Halesowen
Mr Mike Heaton	Public Elected Governor	Brierley Hill
Mrs Elizabeth Naylor	Public Elected Governor	North Dudley
Mr Barrie Wright	Public Elected Governor	Brierley Hill

<b>COG 24/50.0</b> 15.30	<b>Welcome</b>
<b>COG 24/50.1</b>	<p><b>Introductions &amp; Welcome</b></p> <p>The Chair introduced himself and welcomed everyone to the meeting.</p> <p>He welcomed the new governors Anand Letha, Lyndsay Millington, Phil Tonks, Julius Adams and returning for a second term Alex Giles to the Council of Governors.</p> <p>He thanked departing governors Mike Heaton, Emily Butler, Kerry Cope, Catherine Lane and Barrie Wright for their time and valuable contribution to the Council of Governors.</p> <p>The Chair noted that the formal part of the meeting would follow the annual planning workshop.</p>
<b>COG 24/50.2</b>	<p><b>Apologies</b></p> <p>Apologies had been received, as noted above.</p>
<b>COG 24/51</b>	<p><b>Annual Planning 2025/26 (Workshop)</b></p> <p><i>[An error on the agenda regarding the annual planning workshop schedule was highlighted; the correct time period should be 2025/26 instead of 2024/25].</i></p> <p>I Chadwell, Deputy Director of Strategy, introduced himself and outlined the purpose of the workshop, which was to review the Trust's progress, anticipate long-term changes in services, and seek feedback from attendees.</p> <p>I Chadwell presented the annual planning for 2025/26 and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Trust Board's current strategy, adopted three years ago, was due for an update.</li> <li>• Discussions had been ongoing regarding the next phase of the strategy, considering the new government's 10-year health plan.</li> <li>• Progress on key initiatives: <ul style="list-style-type: none"> <li>○ The Midland Metropolitan Hospital opened in October 2024.</li> <li>○ The lung cancer screening programme conducted its first scans in August 2024, detecting four early-stage cancers.</li> </ul> </li> <li>• The new strategy was shared with the Council of Governors in September 2024 and remained largely unchanged.</li> <li>• Proposed vision: "Excellent healthcare for the people of Dudley."</li> </ul>

- Values remain the same, with three proposed goals.
- Measures of success and multi-year commitments were under discussion.
- The impact of the October 2024 budget statement on the Trust and the Black Country remained unclear. The government's focus included reducing waiting times and allocating specific capital for elective and diagnostic services.
- The Black Country system had a deficit plan of £119 million for 2024/25, with expectations for a reduced deficit next year. There was an opportunity to bid for capital funding for elective hubs within the Black Country under the "GIRFT Further Faster 20 Programme," focusing on economic inactivity and reducing waiting lists in deprived areas.
- Expansion of diagnostic services continued with a hub in Corbett Outpatient Centre and additional locations across the borough.
- Next year's focus would be on increasing diagnostic activity rather than capital investment in new equipment.
- Two major focus areas for Dudley Improvement Practice:
  - Frailty care.
  - Hospital-to-community transitions.
- Further work was required to define those initiatives and ensure cross-team collaboration.
- The government was consulting on its 10-year health plan. The Trust had hosted an online event and management discussions, with a face-to-face event planned for the new year. Community organisations and individuals were encouraged to provide feedback by mid-February.

I Chadwell called on K Rose to provide an update on the Care Navigation Centre. K Rose highlighted the following points:

- A visit to Sandwell and West Birmingham NHS Trust had provided insights into their care navigation system, which operated as a call centre triaging access to community services.
- This system supported patients, particularly those from the Asian community, who may have long-term care needs or require access to community services.
- The current Clinical Hub was a single point of access used by WMAS (West Midlands Ambulance Service) and GPs in care homes for urgent and acute medical care.
- The care navigation centre would serve as an extension and act as a central point for community services to ensure patients received appropriate care without hospital visits.

The goal was to better utilise and structure existing community services for more effective patient care, with plans to explore this model over the next year.

I Chadwell shared a map in his presentation (slide 14) to illustrate the Dudley borough (black line) and the location of Russells Hall Hospital (black dot). He asked the attendees to use this as an initial step during their discussions to identify outpatient services that could be relocated to improve accessibility. The map showed an example of physiotherapy and occupational therapy patients currently receiving treatment at Russells Hall Hospital. He also noted that physiotherapy services were provided in multiple locations beyond Russells Hall Hospital. The heat map referenced patients receiving physiotherapy, with red areas indicating a high number of patients and yellow areas indicating fewer patients. The goal was to determine where services could be best provided based on patient distribution and travel considerations. This analysis was an initial step towards identifying optimal locations in the community. Further mapping and discussions would take place in the coming weeks.

Attendees were given 20 minutes (15:50 – 16:10) to discuss in groups and provide feedback on the following topics:

1. **Elective Hub:** Collaboration between Sandwell and Dudley for elective surgery at Sandwell Health Campus.
2. **Outpatient Services in Community Locations:** Exploring community-based outpatient care to reduce site congestion and improve accessibility.



3. **Provide Services Closer to Home:** Enhancing community care access through an improved care navigation centre.

Following is the summary of the Group Feedback:

1. **Elective Hub:**
  - o **Benefit:** Reduced waiting times (Lyndsay Millington).
  - o **Concern:** The current condition of the building (Clare Inglis).
2. **Outpatient Services in Community Locations:**
  - o **Benefit:** Improved patient experience in a common environment (Yunzheng Jiao).
  - o **Concern:** Limited parking at some sites, such as Corbett (Lewis Callary).
3. **Providing Services Closer to Home:**
  - o **Benefit:** Better access to care (Kat Rose).
  - o **Concern:** Parking issues and whether community infrastructure/technology would match hospital quality (Kat Rose). Concerns about whether care quality would be maintained (Clare Inglis). The potential lack of senior staff to address complications (Yunzheng Jiao).
  - o Virtual wards had been successful in patient monitoring (Lewis Callary), with no identified concerns.

Ian Chadwell expressed appreciation for the discussions and indicated that feedback would be compiled and shared early in the new year.

I Chadwell referenced the links he had attached in his presentation to a previous Integrated Care Board (ICB) listening exercise conducted across the Black Country around the same time last year. He stated that the feedback from that exercise aligned with discussion on emergency and planned care.

He had attended the Dudley People Panel in September 2024 at Brierley Hill Methodist Church which focused on digital healthcare in both primary and secondary care. Approximately 15% (one in six) of outpatient appointments within the Trust were currently conducted virtually. Before deciding on the physical location for outpatient services, it was crucial to assess whether appointments need to be in person or can be conducted virtually. A review of the public feedback highlighted the need for support and resources to engage with digital healthcare effectively.

Plans were in motion to submit a bid for an elective hub, with timetables to be announced in January 2025. The Trust was working towards securing funding opportunities available for this initiative. Discussions with the ICB had begun regarding the elective hub, as part of a broader system-wide strategy.

The patient experience and engagement group would be consulted in the new year to determine the best ways to involve different community groups in service planning. Attendees were encouraged to provide recommendations on key stakeholders and strategies for engagement.

The strategy quarterly report was noted as an agenda item later in the meeting. He expressed that the discussions held provided a comprehensive update on progress against strategic goals. He informed the governors that any questions on the strategy report could be raised during the relevant agenda item.

The Chair thanked I Chadwell for his presentation.

There were no further comments or questions raised.

**COG 24/52.0**

**Council Meeting**

**COG 24/52.1**

**Declarations of interest**

	<p>The Chair asked if anyone present had any declarations or conflicts of interest to note regarding any of the items on the agenda; there were none.</p> <p>He declared he was also the Chair of Sandwell and West Birmingham NHS Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.</p> <p>There were no declarations made.</p>
<b>COG 24/52.2</b>	<p><b>Quoracy</b></p> <p>The meeting was declared quorate.</p>
<b>COG 24/52.3</b>	<p><b>Announcements</b></p> <p>There were none.</p>
<b>COG 24/53.0</b>	<p><b>Previous meeting</b></p>
<b>COG 24/53.1</b>	<p><b>Previous Full Council of Governors meetings held on 26<sup>th</sup> September 2024</b> (Enclosure 1)</p> <p>The minutes from the previous meeting held on 26<sup>th</sup> September 2024 were approved as an accurate record of the meeting.</p>
<b>COG 24/53.2</b>	<p><b>Matters arising</b></p> <p>M Hussain raised concerns about the lack of an update on the progress of the Medical Examiner service, which he had previously requested at the last meeting.</p> <p>J Hobbs apologised for not communicating the information to him earlier and provided an update:</p> <ul style="list-style-type: none"> <li>• Regular meetings were held with the local Councillor Ali and the leader of the council regarding the Medical Examiner service.</li> <li>• Data showed a significant improvement in the early release of bodies on religious grounds from Monday to Friday.</li> <li>• Discussions had been ongoing regarding the introduction of an on-call weekend service across the Black Country.</li> <li>• Given the small number of weekend deaths at Russells Hall Hospital (approximately three per weekend), the cost of a standalone on-call service was a key concern.</li> <li>• A proposal for a shared weekend service was presented at the Executive meeting and shared with partner organisations.</li> <li>• Lead Medical Examiners had agreed in principle, with some outstanding issues regarding shared licensing.</li> <li>• A meeting with the medical directors across all acute services was scheduled for the following week to coordinate next steps.</li> <li>• The model being adopted was similar to Leicester's, which had attracted national funding. It was hoped that this funding could be used to further enhance the service.</li> </ul> <p>M Hussain requested written confirmation of the progress made when available.</p> <p>The Chair sought clarification on the nature of the on-call service for weekends and weeknights.</p> <p>J Hobbs explained that a Monday to Friday service would operate from 9:00 AM to 5:00 PM. On weekends and bank holidays, an on-call service would be implemented across the Black Country to support the early release of bodies for all relevant faith groups. The</p>

	<p>expected caseload was approximately one early release per day on weekends, which was considered manageable. A fixed-hour service (e.g., 9:00–10:00 AM on Saturdays) would not be effective, as delays could still occur if a death happened outside those hours.</p> <p>The Chair inquired about community engagement regarding the suitability of the proposed service. J Hobbs stated that the primary contact for engagement had been Councillor Ali, with whom meetings had been held and updates provided. Councillor Ali's perspective had been considered, and he would continue to be updated. J Hobbs expressed willingness to meet with M Hussain for further discussion.</p> <p>M Hussain emphasised that the community was not expecting a full 9:00 AM – 5:00 PM service on weekends. The current arrangement with the coroner's office and local authority allowed for bodies to be taken if deaths occurred before 2:00 PM, provided timely notification was given.</p> <p>The Chair suggested sharing the proposal paper with M Hussain for review. J Hobbs agreed to ensure that M Hussain received the document.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- Written update regarding the Medical Examiner service to be shared with Governor Mushtaq Hussain in respect of proposed arrangements for rapid release of bodies at weekends.</li> </ul> <p>No further matters were raised.</p>
<p><b>COG 24/53.3</b></p>	<p><b>Update on actions</b></p> <p><b>COG24/38</b> – Green Plan Update</p> <ul style="list-style-type: none"> <li>- The presentation on The Green Plan Update would be shared with the Council of Governors. <ul style="list-style-type: none"> <li>o The presentation was shared with the governors. This action was now completed.</li> </ul> </li> </ul>
<p><b>COG 24/54</b></p>	<p><b>Chief Executive's update</b> (Enclosure 2)</p> <p>A Thomas presented the Chief Executive update on behalf of D Wake.</p> <p>He provided the following key updates from the paper:</p> <ul style="list-style-type: none"> <li>• Operational performance remained strong, with a focus on elective recovery and reducing 52-week patient waiting times. The target was to eliminate these waits by the end of March 2025.</li> <li>• Positive patient feedback had been received and was detailed in the report.</li> <li>• The hospital was facing significant pressures due to winter-related illnesses, including Influenza A and B, COVID-19, Norovirus, and Respiratory Syncytial Virus (RSV) in children</li> <li>• Ambulance offloads remained a major challenge. Work was ongoing with West Midlands Ambulance Service to ensure patients received assessments and support, even when space in the Emergency Department was limited.</li> <li>• The Black Country Provider Collaborative was focused on several transformational programmes, including: <ul style="list-style-type: none"> <li>o Elective Care improvements</li> <li>o Operational productivity</li> <li>o Corporate services efficiency</li> </ul> </li> <li>• The Primary Care Collaborative (GP integration) would impact the hospital's work and service delivery.</li> <li>• Robotic surgery was enhancing urology and renal cancer treatment, improving recovery and reducing complications.</li> <li>• Strategic planning across Black Country providers was aligning key programmes such as:</li> </ul>

- Elective hubs
- Care navigation hubs
- Out-of-hospital care improvements
- National Learning Improvement Network guidelines had been released, with focus areas including:
  - Urgent and emergency care pathways
  - Elective surgery and perioperative care
  - Outpatient service value
  - Consultant job planning
- The Dudley Improvement Practice had aligned with these national strategies and had contributed to the NHS Impact initiative.
- The NHS oversight framework assessed performance. The Quarter one segmentation review confirmed the organisation remained in Segment 3, meaning continued significant external support, primarily focused on financial sustainability.
- The Further Faster 20 (FF20) programme, in collaboration with Sandwell and West Birmingham NHS Trust and The Royal Wolverhampton NHS Trust, had accelerated planned care. The focus was on reducing waiting lists, particularly for patients from deprived areas who were economically inactive due to health conditions. This aligned with Getting It Right First Time (GIRFT), which aimed to improve access to simple procedures and optimise hospital capacity for complex cases.
- The hospital charity had rebranded, with a new mascot designed by a local school child. The rebrand aimed to enhance community engagement and expand on the work started post-COVID.

C Nevin asked for an update on pathology services and backlog management. A Thomas responded that the Black Country Pathology Service had made good progress with addressing backlogs. Efforts were focused on electronic requesting systems to speed up processes and tackle ongoing challenges. Further details were available in the report later in the pack.

The Chair thanked A Thomas for the update.

No further comments or questions were raised.

**COG 24/55.0**

**Chair's Update**

**COG 24/55.1**

**Chair's Update - Board of Directors held in November 2024 (Enclosure 3)**

The Chair noted the summary of the November 2024 Public Board of Directors meeting, which highlighted the following:

- Financial challenges remained a key issue within the NHS.
- The Trust started the year in deficit and implemented plans to control and reduce it.
- An initial 4% headcount reduction was considered necessary to manage financial constraints, though this was not a formal plan at the outset. Even though the Trust had not achieved this reduction, it had met its financial targets through increased elective activity, which generated additional income. Treating more elective patients had provided dual benefits:
  - Improved patient care by reducing waiting times.
  - Financial sustainability by increasing revenue for completed procedures.
- Financial constraints would likely require further staffing reductions in coming years.
- Despite government announcements of NHS funding increases, much of this had been absorbed by inflation and pay awards.
- The executive team's approach of increasing elective work had proven effective, and the Trust aims to continue leveraging this strategy.

C Nevin asked whether a 4% staffing reduction would require a new workforce model.

The Chair responded that while the initial target was 4%, alternative solutions would be implemented as the year progressed.

K Brogan provided further insights:

- The Long-Term Workforce Plan had introduced national opportunities for improvement.
- Key elements of the plan included:
  - Mandatory training and workforce development.
  - Exploring new roles and ways of working.
  - Expanding education and training opportunities for staff.
- Workforce planning was dynamic and reviewed annually, ensuring alignment with care transformation initiatives.
- Discussions were ongoing on redistributing workforce needs based on evolving service models, such as:
  - Elective hubs
  - Closer-to-home care delivery
- These models required a reassessment of staffing structures to optimise service delivery.

The Chair emphasised that workforce plans were being remodelled to align with strategic priorities and future service delivery goals.

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

**COG 24/55.2**

**Achieving Synergy – closer working with Sandwell & West Birmingham Hospitals NHS Trust (Verbal)**

The Chair provided an update on the collaboration with Sandwell & West Birmingham Hospitals NHS Trust and highlighted the following:

- The elective hub and other areas of collaboration were progressing well.
- D Wake had been appointed as Chief Executive of both this Trust and Sandwell and West Birmingham NHS Trust and would be starting her new role from 2nd January 2025.
- D Wake would present a plan within the next six months to explore further benefits of collaboration, with an expected update in May-June 2025.
- Governors' engagement and involvement in this process were vital to support any decisions made.
- The NHS Providers' document, 'Joint Appointments and Shared Decision-Making Arrangement,' was available for governors' reference.
- H Board would assist in ensuring the process was structured and decisions were made in the best interest of the Trust and community.

C Nevin noted the usefulness of the Joint Appointments and Shared Decision-Making Arrangements document from the NHS Providers website.

M Hussain raised concerns about whether D Wake's dual role might impact her focus on the challenges faced by the Trust. The Chair reassured the council that D Wake was committed to both trusts and emphasised the importance of collaboration. A Giles added that discussions regarding the synergies between the trusts were ongoing and reassured that support would be provided to ensure both trusts thrived.

V Homer shared feedback from the PLACE (Patient-Led Assessments of the Care Environment) event at Dudley Guest, where staff expressed that they rarely saw D Wake. She suggested a brief visit from D Wake would make a significant difference.

A Thomas acknowledged the feedback, stating that D Wake and other directors regularly visited sites, though timing and shift patterns could sometimes create the impression of absence. He highlighted the leadership team's commitment to maintaining strong visibility across all sites.

	<p>G Crowe reinforced the Board of Directors' commitment to supporting D Wake and ensuring leadership presence at all locations. He acknowledged the challenge of maintaining visibility and committed to doubling efforts to improve staff engagement.</p> <p>The Chair emphasised the challenge of engaging with all staff but stressed that maintaining a strong leadership presence remained a priority.</p> <p>C Nevin raised concerns regarding the assurance for governors on Ward to Board visits and requested a programme of visits from the past 12 months, which had not yet been received. He stressed the importance of these visits for triangulation of information.</p> <p>A Proctor confirmed that the Ward to Board visits were ongoing, and that governors had access to the programme to book their participation. Monthly reports were shared with the executive team, and feedback from these visits were discussed in various committees. Findings from these visits could be shared with the governors upon request. He noted efforts to align visits with Board meetings at different sites, such as the Stourbridge Health and Social Care Centre, to maximise engagement and feedback opportunities.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- A Proctor to provide Ward to Board visit reports and confirm accessibility of the programme schedule to Governor C Nevin.</li> </ul> <p>No further comments or questions were raised.</p>
<p><b>COG 24/55.3</b></p>	<p><b>Non-executive committee chair feedback by exception (Verbal)</b></p> <p>The Chair invited the non-executive directors present at the meeting to provide an update on the Board sub-committees that they were members of.</p> <p>L Hughes provided an update on the Quality Committee and highlighted the submission of the Maternity Incentive Scheme - Year Six, confirming 100% compliance. She acknowledged the significant efforts by maternity and neonatal services in achieving this milestone. She recognised Dudley as ranking second in the Midlands for best practice. She emphasised the extensive work involved in the improvement trajectory and commended the staff for their dedication and hard work.</p> <p>G Crowe provided an update on behalf of L Williams regarding the Finance and Productivity Committee meeting. The Committee had met on 19 December. He reaffirmed the Chair's comments regarding financial challenges as the year-end approaches. He acknowledged the strong efforts of C Walker and colleagues in managing year-end objectives. He expressed concerns about the difficult financial outlook for the year ahead. The Finance and Productivity Committee had begun reviewing the planning exercise, including analysing run rates, staffing implications and service sustainability. He confirmed that the committee had sought and received good assurance on financial management.</p> <p>C Holland spoke about the workforce plan and its integration with financial and service planning. She assured the council that the three committee Chairs (finance, workforce and quality) were in active discussion to ensure effective triangulation of information and decision-making. She emphasised the importance of structured reporting across committees to maintain alignment and oversight.</p> <p>P Featherstone provided assurance regarding ward-to-board visits, highlighting that as a non-executive director, he found them valuable for visible leadership and direct feedback from staff. These visits helped him understand what was working well and identify areas for improvement.</p> <p>No comments or questions were raised.</p>

**Integrated Quality and Operational Performance Report (Enclosure 4)**

A Thomas, on behalf of J Wakeman and K Kelly, provided a brief overview of the Integrated Quality and Operational Performance report.

M Morris and her team were working hard on early intervention to resolve complaints more efficiently. Complaints were now being acknowledged within three days, which helped improve the response time.

The Friends and Family Test results showed that 84% of respondents rated the services as good or very good. The feedback also identified areas for improvement.

As of September 2024, urgent and emergency care performance was 81.2%, exceeding the national target of 78%.

**Cancer Performance:**

- The 28-day Faster Diagnostic Standard (FDS) achieved 83% as of August 2024, against the constitutional standard of 77%.
- The 31-day combined decision to treat performance remained strong and above target.
- The 62-day combined target performance was slightly above target as of August 2024.

Elective Restoration and Recovery focused on eliminating the 52-week wait by the end of March 2025.

September's DM01(Diagnostic Waiting Times and Activity) performance achieved 86.2%. Diagnostic wait trajectories for each modality were submitted to the Integrated Care Board to deliver the 95% NHSE target by the end of March 2025.

**Some of the Quality and Safety Challenges were:**

- Mixed sex accommodation breaches increased due to further increased operational pressures across the organisation and demand for beds.
- The previously reported cases of possible harm following a delay in VTE (venous thromboembolism) assessments would be reviewed as part of reporting to the Risk and Assurance group in November 2024.
- Emergency Department triage performance remained below national targets due to ambulance handover delays. Increased pressures were observed in October and November due to the early onset of winter demands.
- Some diagnostics performance in September 2024 was slightly below the expected trajectory.

C Nevin raised concerns over unmet strategic objectives, particularly those related to reducing complaints by 15% compared to 23-24 and responding to 90% of complaints within 30 days.

A Thomas acknowledged the challenge and noted the efforts made by M Morris and the team to address the backlog issues. Emphasis on a proactive approach, including early resolution through direct management (telephone or face-to-face discussions), encouraging ward-level leaders to resolve issues immediately rather than waiting for a formal complaint, and learning from other organisations to improve processes.

C Nevin noted that complaints sent directly to consultants often got delayed due to unread emails. He suggested that complaints be directed to secretaries first for better tracking and timely responses.

J Hobbs confirmed that the complaints team recently reviewed this issue and agreed that complaints would now go to the Directorate Manager for triage and coordination. The revised process would ensure complaints were managed effectively, even when consultants were on annual leave.



The Chair acknowledged that prior approaches were inadequate but were being actively addressed. He asked for complaints management to be included as an agenda item for the March 2025 meeting to review the progress made in managing the backlog of complaints.

L Hughes noted that there was a reduction in addressing the complaints backlog, and the progress was being reported to the Quality Committee.

M Hussain shared positive feedback regarding the professionalism of staff in the children's ward. He commended the staff for their excellent care.

**Action:**

- Complaints Management to be added to the agenda for March 2025. M Morris to provide a more detailed update on complaint resolution.

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

**COG 24/57**

**Remuneration & Appointments Committee (Enclosure 5)**

G Crowe referenced the report given as enclosure five and provided a summary of the outcomes of the Remuneration and Appointments Committee meeting held on 28<sup>th</sup> November 2024. He introduced the Senior Independent non-executive director, C Holland for the item related to the proposal to extend the term for Sir David Nicholson, Trust Chair.

C Holland advised the full Council that she had completed Sir David Nicholson's annual appraisal earlier in the year. The framework for the appraisal followed that issued by NHSE and covered the period from September 2024 to August 2024 with a highlighted area of strength commenting that he was a 'successful and proactive Chair, who was responsive to issues from NEDs and had continued to build a strong Board'. Output concluded that the future focus for Sir David Nicholson would be:

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

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

The Dudley Group as an NHS Foundation Trust, the reappointment of Sir David Nicholson as Chair of the Trust was for approval by the full Council of Governors.

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

The endorsement received responses from Council members that had achieved a simple majority.

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

Approval would be sought from the Full Council for an uplift of £2k to be applied to all non-executive directors who were chairs of Board Committees and where any non-executive director already in receipt of an uplift, e.g., Senior Independent Director and

audit chair, would not be eligible for a further uplift. This would apply to the non-executive chairs of the following committees:

**Board Committees**

Finance & Productivity Committee

Quality Committee

Integration Committee

Audit Committee – uplift already applied

People Committee – chaired by SID with uplift already applied

The uplift would be backdated to April 2024.

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

A Giles noted that the Remuneration & Appointments Committee had robustly discussed the matters as described and was confident that they had received the correct assurance to support the recommendations made to the Full Council.

The Council of Governors resolved the following:

- **Agreed** unanimously that Sir David Nicholson should continue as the shared chair as per the preamble to this minute.
- **Approve** the recommendation of the Remuneration & Appointments Committee to an uplift of £2000 to non-executive director remuneration based on additional committee chairing responsibilities backdated to April 2024.

No further comments were raised. The report was noted for approval.

**COG 24/58**

**Strategy and Annual Plan Progress Report Q2 2024 - 25 (Enclosure 6)**

The Chair noted that the Strategy and Annual Plan Progress Report had already been covered earlier in the meeting.

A Giles highlighted the ICan project work and noted on its potential to help people return to the workforce. He mentioned that at the Integration Committee meeting, an update was provided on the efforts the Trust and its partners were undertaking to support individuals in rejoining the community and contributing positively to society. He emphasised that governors should stay closely involved in this work for future learning opportunities.

K Brogan shared an update on the first cohort of ICan individuals, where five participants were given paid work experience within the organisation. Through the support of the OD and Millennial Culture Team, participants were prepared for work both within the Dudley Group and elsewhere. She was pleased to report that four out of the five individuals from the first cohort were offered permanent roles within the organisation.

K Rose added that one participant from the first cohort was also close to securing an appointment with the Dudley Group, which was a fantastic outcome. She suggested that it may be worth presenting the ICan project to governors in a future meeting to showcase the wonderful impact of this work.

A Thomas expressed pride in the ICan project and its significance. He acknowledged the dual challenge of workforce pressures while also striving to improve employment opportunities within the community. He highlighted that employment plays a crucial role in improving life chances and reducing health inequalities within the Dudley community.

No further comments were raised.

**COG 24/59**

**Lead Governor Update (Verbal)**

A Giles provided a brief update on governor activities over the last quarter:

- He thanked the governors who took part in the recent Patient Led Assessments of the Care Environment (PLACE). Positive feedback was received.
- He expressed appreciation for the governors' continued participation in various Board subcommittee meetings. Their involvement in these meetings was crucial for understanding different areas of the Trust, ensuring robust discussions, and obtaining valuable answers to pertinent questions. Governors were encouraged to keep attending these meetings as they were essential for assurance purposes.
- He highlighted the successful return of the Annual Members Meeting being held in person. It was great to see members of the community attending to learn more about the Trust's work. Several governors were present, contributing to the event's success.
- He thanked governors for attending the Charity Ball and recognised the incredible work done by the charity in raising awareness of vital initiatives within the hospital.
- He mentioned the behind-the-scenes event at Brierly Hill Health and Social Care Centre, which governors participated in. The event offered valuable insight into the various departments within the Trust. This event provided a better understanding of the community-focused work being done, especially the Targeted Lung Health Screening Programme, which was expected to benefit the local community with improved care access.

He expressed gratitude to the departing governors for their contributions and welcomed the new governors to the Council.

He informed the council that Y Peers would serve as Interim Lead Governor until a new Lead Governor was appointed.

He concluded by thanking all governors and Trust colleagues for their support throughout 2024. He expressed optimism for the upcoming year, emphasising collaboration with Sandwell and West Birmingham NHS Trust to improve patient outcomes and continue the positive journey forward.

Y Peers thanked A Giles for his outstanding work as Lead Governor.

No further comments were raised. The update was noted for information.

**COG 24/60**

**Experience & Engagement Committee Update (Enclosure 7)**

N Hill presented an update on the Experience and Engagement committee meeting from 26 November 2024, given as enclosure seven.

N Hill reported that the Trust's membership numbers remained steady at approximately 13,000. Governors were encouraged to engage in various Trust-led activities to raise awareness and increase membership. She emphasised the importance of growing membership numbers to avoid potential risks associated with being at the borderline.

Good assurance was received from the Quality Committee, including positive updates on the Quality Priorities. It was noted that the Trust was recognised as a national exemplar for the Gold Standards Framework for end-of-life care.

She acknowledged the strong attendance of governors at Board and subcommittee meetings.

She mentioned that Y Peers had provided a positive update about the Equality, Diversity, and Inclusion (EDI) Steering Group. At the Experience and Engagement meeting, a suggestion was made to establish a Men's Network to address mental health and other related issues. Y Peers would present this recommendation at the next EDI meeting.

	<p>She noted a concern that was raised about the loss of Children and Adolescent Mental Health Services (CAMHS) funding, which was seen as unfortunate for the Trust and the community it serves.</p> <p>A governor's Task and Finish Group met on 11<sup>th</sup> November 2024 to review feedback from the Council of Governors Effectiveness Review. At the meeting, the group also drafted the Governor's Commitment Pledge guidelines, which would be presented later in this meeting for approval.</p> <p>No comments were raised. The update was noted for information.</p>
<p><b>COG 24/61</b></p>	<p><b>University Hospital Trust Status (Enclosure 8)</b></p> <p>J Hobbs provided an update on the Trust's application for University Hospital status, as detailed in enclosure eight. The first item discussed was the successful approval from the Department of Education allowing the Trust to use the term "University" in its name, meaning the Trust can now be recognised as a university teaching hospital.</p> <p>The key point requiring the Council of Governors' approval was to decide whether they were content with the process of changing the hospital's name to incorporate the term "university."</p> <p>J Hobbs emphasised that while the name change might seem straightforward, a significant amount of work had been done within the organisation, particularly in preparing a comprehensive application. This effort included proving the Trust's capability and capacity to fulfil the necessary criteria.</p> <p>J Hobbs thanked the Chair, L Hughes, and local MPs for their support in the application process. He also outlined the Trust's path towards joining the University Hospitals Association, noting that meeting the criteria for membership was challenging, but significant progress had been made. A strategic partnership with Sandwell and West Birmingham Hospital NHS Trust would help meet these criteria over the next two years.</p> <p>M Hussain commended the news but raised a question regarding the impact of research activities on clinicians' day-to-day roles. Specifically, would involvement in research take them away from their clinical duties?</p> <p>J Hobbs responded that work for clinicians, including doctors, nurses, healthcare professionals, and pharmacists, had been carefully planned. Research time was backfilled, ensuring no impact on clinical services. The research efforts would be funded through grants, and additional staffing would help strengthen departmental resilience and improve patient care.</p> <p>G Crowe acknowledged the significant achievement, crediting J Hobbs and the working group for their hard work. He mentioned key contributors, including Gail Parsons, and the developing relationship with Aston University. He suggested that a formal letter be sent to thank those involved for their contributions.</p> <p>The Chair emphasised that the university hospital status was more than just a title. The benefit would bring numerous opportunities to the organisation, including recruitment, clinical outcomes, and prestige. He expressed appreciation for the work done by J Hobbs and the team in achieving this milestone. He proposed to formally write and extend thanks to J Hobbs and his team for their contributions.</p> <p>The Council of Governors resolved the following:</p> <ul style="list-style-type: none"> <li>- <b>Noted</b> the progress and continued work demonstrated in the Research &amp; Innovation Trajectory Report to implement the Trust's strategic plan to achieve University Hospital Status.</li> </ul>

	<ul style="list-style-type: none"> <li>- <b>Approve</b> an amendment to the Trust's Constitution to give effect to becoming a University NHS Foundation Trust</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- A letter of thanks will be sent to the working group involved in the university hospital status process.</li> </ul> <p>No further comments were raised. The update was noted for approval.</p>
<p><b>COG 24/62</b></p>	<p><b>External Auditors – tender award</b> (Enclosure 9)</p> <p>C Walker presented an update on the tender process for appointing the Trust's external auditors. As a Foundation Trust, the Council of Governors was responsible for appointing external auditors, unlike other NHS Trusts, in which the board typically makes this decision.</p> <p>The current contract with Grant Thornton UK LLP was set to expire on 31st March 2025. A tender process was conducted to appoint an external auditor for a 5-year period. The process followed a robust procedure using NHS Frameworks and pre-vetted suppliers.</p> <p>C Walker noted that the market for external auditors was challenging, with many large firms reluctant to take on the role, as it restricted their ability to undertake other consultancy work for the trust. This led to a limited pool of interested suppliers.</p> <p>The tender panel, which included several executive directors and two governors (A Giles and Y Peers), received only one response from the current auditors, Grant Thornton.</p> <p>After reviewing the submission, the panel unanimously agreed that Grant Thornton was capable of delivering the required service. The price for their services had increased compared to the previous contract, but the rise was expected. Additionally, the report provided comparative pricing information from other trusts using Grant Thornton to offer context on the cost increase.</p> <p>C Walker asked the Council of Governors to approve the award of the contract to Grant Thornton for a five-year period starting on 1 April 2025.</p> <p>A Giles thanked C Walker and the team for their efforts in the tender process. He also acknowledged the questions raised by Y Peers and himself and appreciated that Grant Thornton had addressed those questions. He thanked C Walker and the team for their diligence in ensuring value for money and securing the necessary terms in the agreement, especially given the limited number of providers.</p> <p>The Council of Governors resolved to:</p> <ul style="list-style-type: none"> <li>- <b>Approve</b> the award of the external auditor's contract to Grant Thornton UK LLP for 5 years from 1<sup>st</sup> April 2025.</li> </ul> <p>No further comments were raised. The update was noted for approval.</p>
<p><b>COG 24/63</b></p>	<p><b>Board Secretary Update</b> (Enclosure 10)</p> <p>H Board presented the Board Secretary's update given as enclosure 10.</p> <p><i>[A Pachowicz left the meeting room at this point]</i></p> <p>The results of the recent election activity were noted, and new and returning governors were welcomed.</p> <p>H Board informed the council that a resignation was received from the governor for the Brierley Hill constituency. According to the Trust's constitution, when a vacancy arises following an election, the next candidate in line (second place) could be appointed to fill</p>

	<p>the vacancy. A Pachowicz was the second candidate and was proposed for the position. The Council of Governors approved A Pachowicz to become the governor for the Brierley Hill constituency.</p> <p><i>[A Pachowicz rejoined the meeting]</i></p> <p>A Giles' term as Lead Governor had come to an end, and an election for a new Lead Governor would be held as per the advised timetable, with the election process starting in the New Year.</p> <p>Minor changes to the Trust Constitution were proposed to reflect the staff who had joined from Dudley Integrated Health and Care NHS Trust. These changes would impact their eligibility to become governors and were necessary to ensure the consistency of the Trust's constitution. Legal advice had been sought, and the proposed changes were highlighted in red in appendix 3. The Council were asked to approve these changes.</p> <p>A Governors' Task and Finish Group was established to review the implementation of a Governors' Commitment Pledge. The goal was to endorse and introduce the pledge to governors, with training and familiarisation to follow. The Council was asked to endorse the pledge.</p> <p>The same Task and Finish Group reviewed the feedback from the recent Council of Governors Effectiveness Review. The group had identified two or three key areas for improvement, and an action plan was being developed to address these. The Council was asked to support the development of the action plan.</p> <p>L Callary asked who the Lead Governor would be between now and the next election. H Board clarified that Y Peers would serve as the Interim Lead Governor until the election.</p> <p>The Council of Governors resolved to:</p> <ul style="list-style-type: none"> <li>- <b>Endorse</b> the election of A Pachowicz to the Brierley Hill constituency.</li> <li>- <b>Note</b> the lead governor election timetable.</li> <li>- <b>Approve</b> the proposed changes to the Trust's Constitution.</li> <li>- <b>Endorse</b> the roll-out of the Governor's Commitment Pledge.</li> <li>- <b>Support</b> the action plan developed following the Council of Governor's Effectiveness Review.</li> </ul> <p>There were no questions or comments raised.</p>
<p><b>COG 24/64</b></p>	<p><b>Any other Business</b> (Verbal)</p> <p>None</p>
<p><b>COG 24/65</b></p>	<p><b>Reflections on the meeting</b> (Verbal)</p> <p>C Nevin provided an update on the NHS Black Country ICB meeting he attended regarding the NHS 10-year plan. Three main questions were raised during the meeting:</p> <ol style="list-style-type: none"> <li>1. Making use of technology in healthcare.</li> <li>2. Shifting more care from hospitals to community-based settings.</li> <li>3. Emphasising prevention of illness rather than just treatment.</li> </ol> <p>The Black Country ICB had collected feedback on these topics and was expected to present a report based on the discussions. He mentioned that he heard that a similar event was held in Dudley, though he was unsure if any of the governors had attended it. He added that there was good attendance at the Sandwell meeting.</p> <p>K Rose confirmed that there was good attendance at the Dudley event and highlighted that staff would also be involved in the discussions.</p>

	<p>The Chair thanked everyone for attending the meeting and expressed sincere appreciation for the commitment shown to the work of the Trust. The Chair emphasised that the Council of Governors played an important role in the organisation, and the dedication and efforts of the governors, including their attendance at visits and subcommittee meetings, was truly valued.</p> <p>The Chair concluded by wishing everyone a fantastic Christmas and a Happy New Year.</p>
<b>COG 24/66</b>	<p><b>Close of meeting and forward Council of Governor meeting dates: 2025</b></p> <p>The next meeting dates were as follows for 2025: 20 March, 19 June, 18 September and 18 December</p> <p>Annual Members Meeting: 16 October</p> <p>The meeting closed at 17:36 hrs.</p>

Sir David Nicholson, Chair of the meeting

Signed..... Dated .....



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

### Council of Governors meeting held 26<sup>th</sup> September 2024

Item No	Subject	Action	Responsible	Due Date	Comments
COG 24/53.2	Matters Arising	Julian Hobbs to share the written update regarding the Medical Examiner service with Governor Mushtaq Hussain in respect of proposed arrangements for rapid release of bodies at weekends.	Medical Director's Office	<b>Complete</b>	Letter shared with Governor Mushtaq Hussain on 24 December 2024
COG 24/55.2	Achieving Synergy – closer working with Sandwell & West Birmingham Hospitals NHS Trust	Andy Proctor to provide Ward to Board visit reports and confirm accessibility of the programme schedule to Governor C Nevin.	Andy Proctor	<b>Complete</b>	All relevant reports shared with Governor C Nevin on 03 January 2025
COG 24/56	Integrated Quality and Operational Performance Report	Complaints Management to be added to the agenda for March 2025. M Morris to provide a more detailed update on complaint resolution.	Martina Morris	<b>In Progress</b>	Paper will be presented at the Council of Governors meeting in June.
COG 24/61	University Hospital Trust Status	A letter of thanks will be sent to the working group involved in the university hospital status process.	Foundation Trust Office	<b>Complete</b>	Letter sent 10/01/2025

**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Public Chief Executive Report
<b>Sponsoring executive:</b>	Diane Wake, Chief Executive
<b>Report author:</b>	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**

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

**3. Report journey**

Full Council of Governors Meeting – 20 March 2025  
Board of Directors – 13 March 2025

**4. Recommendation(s)**

The Council of Governors is asked to:

- a) Note and discuss the contents of the report

**5. Impact**

Board Assurance Framework Risk 1.2	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
Is Equality Impact Assessment required if so, add date:		
Is Quality Impact Assessment required if so, add date:		

## 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](http://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



18,875 visits to site  
37,038 page views

### SOCIAL MEDIA

@DCIDDudley 1.5k likes  
 @DCIDDudley 1167 followers  
 @DCIDDudley 380 followers

### PERCENTAGE OF HITS FROM DEVICES

Desktop 30%  
 Mobile 67%  
 Tablet 3%

### 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



BETTER

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- 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 1<sup>st</sup>, 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 3<sup>rd</sup> 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 18<sup>th</sup> of November 2024, with over 70 delegates in attendance and Workshop 3 on Monday 27<sup>th</sup> 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 1<sup>st</sup> 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 14<sup>th</sup> 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 25<sup>th</sup> 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](http://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, 27<sup>th</sup> 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](mailto: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](http://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](mailto: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](http://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 Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Chair's update Board of Directors meetings (public session) held March 2025
<b>Sponsoring executive/ presenter:</b>	Sir David Nicholson, Chair
<b>Report author:</b>	Helen Board, Board Secretary

**1. Summary of key issues**

Summary report from the Board of Directors meeting held in March 2025 that had been held at the Russells Hall Hospital, Dudley highlighting items of assurance, concern, action or decision. Governors are invited to discuss matters further to establish any triangulation and assurance relating to:

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

All governors and members receive a direct invitation and are actively encouraged to attend the bi-monthly Board of Directors (public session) meetings. All governors receive the full meeting pack of documents which are also published on the Trust website [Board meetings - The Dudley Group NHS Foundation Trust \(dgft.nhs.uk\)](https://www.dgft.nhs.uk). The March 2025 meeting was attended by governors Phil Tonks and Sandra Harris.

**2. Alignment to our Vision**

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

**3. Report journey**

Council of Governors 20 March 2025

**4. Recommendation(s)**

The Council of Governors is asked to:

**a) Note** and discuss the matters included in this report

**5. Impact**

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

## CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: 13<sup>th</sup> March 2025

<p style="text-align: center;"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>Workforce KPIs were given as an overall positive with some remaining challenges related to Mandatory Training that decreased from 92.16% in December 2024 to 90.60% in January 2025. Overall, it has remained above 90% target for a sustained period.</li> <li>Ongoing challenges related to urgent and emergency care delivery and ambulance handovers.</li> <li>Workforce reduction was not being achieved; 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.</li> <li>Sickness absence (short term) levels remained high in January was a continuing concern and noted the establishment of a task and finish group to work on the issue.</li> <li>The board reviewed the Q3 Strategy progress report noting that the number of complaints and response times were not reducing as originally planned. Planned reduction in bank usage had 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 was 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.</li> </ul>	<p style="text-align: center;"><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>A report detailing the programme for the trajectory of improvement for the emergency department triage process was requested for the next board meeting</li> <li>The Board supported the work to be undertaken to complete a self-assessment against the CQC's eight well-led quality statements during March 2025 consider the findings at the June Board Workshop and the proposal to commission an external provider-level well-led developmental review</li> </ul>
<p style="text-align: center;"><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>Patient Story - focused on the patient experience and learning achieved during the winter months against a backdrop of extreme demand highlighting both positive and negative experiences and the work of our volunteers and other patient experience initiatives.</li> <li>The Board noted the Month 10 (January 2025) Trust financial position. After technical changes the January cumulative position is a</li> </ul>	<p style="text-align: center;"><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>The Board reviewed and approved the month 10 financial report</li> <li>The Board reviewed and approved the Equality, Diversity &amp; Inclusion information related to the Equality Delivery Standard noting improved assurance ratings</li> </ul>



£3.250m deficit. This position is £0.166m better than the updated phased plan agreed by NHS England in September. The Trust was forecasting that it would achieve the 2024/25 financial year planned deficit of £1.590m after technical adjustments.

- The Board received key messages from the recent Black Country Provider Collaborative meetings related to improvement and transformation projects, primary care strategy, urology cancer services transformation and the strategic and enabling priorities.
- The committee chairs quadrant upward reports from Finance & Productivity, Quality, Workforce and Integration Committees were received noting assurances as given on the range of subjects considered.
- The combined medical director and chief nurse noted the Trust had 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 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.
- The Integrated Quality and Operational Performance Report was presented and noted positive performance in a number of key areas notably January ED 4-hour performance was at 77.78% vs the national target of 78%. Trust performance against national standards and local recovery plans performing well overall. Expectation to deliver all within required timeframes. Noting that Cancer service performance targets were achieved. Elective recovery was seeing progress with those waiting seeing a reduction.
- The Board noted good assurance in respect of the Trusts activities linked to Learning from Deaths with a comprehensive report received.
- The board received assurance that the EPRR Team has mitigated against areas for improvement identified in the 2023 EPRR Core Standards process.
- The Board received the latest data on the Gender Pay Gap assessment. Data highlighted 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

- Approved the updates made to the Board Assurance Framework made since the last meeting and noting the committee assurance level ratings that were all given as positive.

2024, showing a decrease since March 2023 of 2.1% when the gap was 23.4%.

**Chair's comments on the effectiveness of the meeting**

Meeting held face to face at the Russells Hall Hospital noting three apologies received from board members. The meeting was attended by Trust governors. Good debate related to the pressures on the Trust's emergency portals.

**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Integrated Quality and Operational Performance Report
<b>Sponsoring executive:</b>	Martina Morris, Chief Nurse and Director of Infection Prevention and Control Julian Hobbs, Medical Director Karen Kelly – Chief Operating Officer
<b>Report author:</b>	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**

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

**3. Report journey**

Full Council of Governors Meeting – 20 March 2025  
 Board of Directors – 13 March 2025  
 Quality Committee  
 Trust Management Group

**4. Recommendation(s)**

The Council of Governors 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	<b>X</b>	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	<b>X</b>	Achieve outstanding CQC rating.
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Remuneration and Appointments Committee report to full Council <ul style="list-style-type: none"> <li>- Chair appraisal 2024/2025 Plan</li> <li>- Non-executive Director appraisal 2024/25 Plan</li> </ul>
<b>Sponsoring executive:</b>	Gary Crowe, Deputy Chair Catherine Holland, Senior Independent Non-executive Director
<b>Report author:</b>	Helen Board, Board Secretary

**1. Summary of key issues using Assure, Advise and Alert**
**Chair appraisal 2024/2025 Plan**

NHS trusts are responsible for ensuring that the chair receives regular appraisals of their performance, at least annually. The formal annual appraisal process is set out in national guidance issued February 2024.

The proposed appraisals process for the full year 2024/2025 is scheduled to conclude in June 2025 and align with the Trust's appraisal window. As shared chair across four trusts, Sir David Nicholson, the appraisal process will be combined and run as a single process with one submission sent to NHS England.

**Appraisal process**

- 360 degree using feedback from survey based on NHS England framework to reveal perceived strength and development needs. Survey to be sent to board and Council members.
- Senior Independent non-executive directors from each of the four trusts to review feedback and nominate one to complete the chair's appraisal, set objectives and determine any development needs.

**Reporting**

- Chairs appraisal outcome to be circulated to Remuneration and Appointments Committee members and for endorsement by the Full Council of Governors prior to submission to NHS England by 31<sup>st</sup> July 2025.

**Fit and Proper Persons**

To note that the chair is required to complete the self-assessment against the Fit and Proper Persons test, and this will be reported to NHS England using the Annual FPPT Reporting Template. To note that the shared chair maintains an up-to-date record of interests as required.

**Non-executive Director appraisal 2024/25 Plan**

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

The proposed appraisal process for the full year 2024/2025 is scheduled to conclude in June 2025 and align with the Trust's appraisal window:

- Gather 360 degree using a feedback survey based on NHS England framework to reveal perceived strength and development needs from between 10-12 raters.
- Deputy chairman to complete non-executive director appraisals, review performance against objectives set for 2024/2025 see appendix 2, set objectives for 2025/2026 and determine any development needs
- Consider the terms of office and remuneration of the non-executive directors

## Reporting

- Summary of all non-executive director appraisals and recommendations for terms of office to be considered at the June meeting of the Remuneration and Appointments Committee ahead of upward reporting and endorsement at the full Council in June 2025.

## Fit and Proper Persons

To note that all NEDs will be required to complete the self-assessment against the Fit and Proper Persons test and reported to NHS England using the Annual FPPT Reporting Template. To note that NEDs maintain an up to date record of interests as required.  
time.

## 2. Alignment to our Vision

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

## 3. Report journey

Remuneration & Appointments Committee March 2025  
Council of Governors 20<sup>th</sup> March 2025

## 4. Recommendations

The Council of Governors is asked to:

- a) **Endorse** the Chairs and non-executive appraisal plan for the period 24/25

## 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	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		



**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Strategy & Annual Plan progress report – Q3 2024/25
<b>Sponsoring executive:</b>	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
<b>Report author:</b>	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**

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

**3. Report journey**

Full Council of Governors Meeting – 20 March 2025  
 Board of Directors – 13 March 2025  
 Relevant sections to all four committees – 28th, 29th, 30th January 2025  
 Executive Directors – 14th January 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 13<sup>th</sup> 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  
4<sup>th</sup> 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
<b>Deliver right care every time</b>		
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%)		
<b>Be a brilliant place to work and thrive</b>		
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		
<b>Drive sustainability</b>		
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%		
<b>Build innovative partnerships in Dudley and beyond</b>		
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
<b>Improve health and wellbeing</b>		
Measures of success		
Improve rate of early detection of cancers (75% of cancers diagnosed at stages I,II by 2028)	Yellow	Yellow
Increase planned care and screening from disadvantaged groups	Yellow	Yellow
Objectives from the annual plan		
Achieve acceptable coverage for breast screening (70%) and work towards achievable level (80%)	Green	Green

ACCESSIBILITY COMPLIANT

Appendix 2

Strategic Planning Framework 2024/25

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

**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Update on strategy and annual plan for 2025/26
<b>Sponsoring executive:</b>	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
<b>Report author:</b>	Ian Chadwell, Deputy Director of Strategy

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

**Assure**

The strategy has been discussed in board development sessions in December 2024 and February 2025 with agreement on a strategic framework which will be launched across the organisation in time for staff appraisals. Six objectives have been agreed which will be our focus on making the strategy a reality in this next planning cycle 2025/26.

**Advise**

A programme of events is being developed which will socialise the strategy across the organisation and linking this to the objectives for 2025/26. Formal publication of the strategy will not take place until after the government has published its 10-year health plan which is due in the spring.

Planning guidance and allocations were published at the end of January 2025. A productivity and efficiency pack has been produced highlighting areas where the trust can improve costs compared to other providers. These opportunities are now the focus on quality and productivity workstreams charged with making these opportunities a reality. The Black Country system has been given a control total of £95m for 2025/26 which is the system’s allowable deficit. Our share of this is £27m meaning that our financial plans should result in a deficit of no more than £27m.

**Alert**

Current financial modelling suggests that the trust is required to achieve a cost improvement target of £45m to achieve the above (7%). To date £29.8m of this has been identified with work rapidly under way to identify the gap and develop detailed plans for all the schemes.

A summary of the group work from the planning workshop in December 2024 is attached for information.

**2. Alignment to our Vision** [indicate with an ‘X’ which Strategic Objective[s] this paper supports]

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

**3. Report journey**

Full Council of Governors Meeting – 20 March 2025
Board of Directors – 13 March 2025
Board development session – 13 February 2025

**4. Recommendation(s)**

The Council of Governors is asked to:



- |   |
|---|
| a) Note the new strategy and the plans to socialise this across the organisation          |
| b) Note the cost improvement target required to achieve the financial plan expected of us |

<b>5. Impact</b>		
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 Equality Impact Assessment required if so, add date:		
Is Quality Impact Assessment required if so, add date:		

## Feedback from Planning Workshop 19<sup>th</sup> December 2024

**Table 1**

An elective hub for Sandwell & Dudley	Outpatient services in community locations	Provide services closer to home
What might be the potential benefits to patients?		
Shorter waiting list Good location More parking availability Opportunity for collaboration	Convenience Efficiency Feels dedicated/tailored Frees up hospital site ? Equal access for all	Admission avoidance Earlier care, closer to home ↓ DC pressures
What might cause people concern?		
Fabric of building Less flexibility for medical beds Change to what service users know	? Reduced efficiency and cost effectiveness for service ? Same volumes	Quality of care same?
What do you suggest are the best ways of engaging with patients and communities about these changes?		
Co production - Address concerns regarding quality of care with alternative models <ul style="list-style-type: none"> <li>• Education/advise</li> </ul>		
Do you have any specific suggestions of groups and communities that we need to engage with?		
Health Watch Sandwell and Dudley Black country ICB Patient Participation Panels / Groups		
What can you as governors do to support and how would you like to be involved?		
Attend the above to get public views/opinions		

**Table 2**

An elective hub for Sandwell & Dudley	Outpatient services in community locations	Provide services closer to home
What might be the potential benefits to patients?		
Reduce waiting time Improve outcome	Right care, Right time, Right place Free space at hospital Better about services Better patient experience Reduction in rate deterioration in community ↑ Accessibility of care Potential to reduce amount of time taking off for appointments	Similar to other Better connectivity with partners Sign posting Assurance of alternative
What might cause people concern?		
Concern about going over border – comms Increase travel time for some Transport link How does the building look	Nervous about if right care is being provided What happens at hospital Car parking / transport concern about access Right technology as not at hospital	Similar concerns
What do you suggest are the best ways of engaging with patients and communities about these changes?		
Governors can help Patient opportunity panels – practice People Going to communities Behind the scenes – topic Blood tests Merry Hill – good Right people giving message		
Do you have any specific suggestions of groups and communities that we need to engage with?		
Local faith group Local business		
What can you as governors do to support and how would you like to be involved?		
Raise awareness about service provided Connect local faith Help messages Connection with transport and major business Football clubs Cricket rugby		

**Table 3**

An elective hub for Sandwell & Dudley	Outpatient services in community locations	Provide services closer to home
What might be the potential benefits to patients?		
Better quality care Lower waiting list Fewer cancellations Car parking Improvements to emergency care More beds Opportunity to do higher risk surgery	Less travel time Convenient – especially Merry Hill Better parking (some locations)	Virtual wards highly popular and successful Co-location, save costs Virtual wards - find out more info about patients
What might cause people concern?		
No more money for more emergency care Higher journey time for elective	Parking (Corbett)	
What do you suggest are the best ways of engaging with patients and communities about these changes?		
Why the longer journey to Sandwell is beneficial		
Do you have any specific suggestions of groups and communities that we need to engage with?		
What can you as governors do to support and how would you like to be involved?		

**Table 4**

An elective hub for Sandwell & Dudley	Outpatient services in community locations	Provide services closer to home
What might be the potential benefits to patients?		
Save time and money for patient to travel Reduce waiting list/time Focused care on elective care Maybe better patient experience parking	Near patient Better parking Patient experience , environment	Near patient Not seen as invasive service i.e. blood tests at Merry Hill Centre Address concerns of infection for patients e.g. COVID Avoid unnecessary hospital visit Better patient and family experience
What might cause people concern?		
Concerns to high risk patient with the lack of ITU support Patient misunderstanding, outsourced to unfamiliar environment (Patient experience)	Access to senior medical advice Access to specialist meds ? Speedy model / clinics to wider area Travelling	Patients with mobility need support Complete at home ? Cost
What do you suggest are the best ways of engaging with patients and communities about these changes?		
Patient voice in decision making Transparency as to reasons why and benefits to patient experience		
Do you have any specific suggestions of groups and communities that we need to engage with?		
Local rheumatology support group		
What can you as governors do to support and how would you like to be involved?		

**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Consultation on the quality and safety delivery plan – overarching priorities
<b>Sponsoring executive:</b>	Martina Morris, Chief Nurse and Director of Infection Prevention and Control
<b>Report author:</b>	Leigh Dillon, Associate Deputy Chief Nurse - Quality

**1. Summary of key issues**

In previous years, the Trust has adopted a yearly quality prioritises agenda to focus on key areas for improvement. Each year these change to a new focus.

Moving forward, we would like to be able to develop a plan that is forward thinking, proactive but offers sustainability of outcomes that last - for patients and staff.

We are proposing that rather than having yearly priorities set as well as a quality and safety delivery plan, we just have the quality and safety plan with agreed overarching priorities that will develop and enhance over a 3-year period, meaning each year we will have a new set of agreed objectives and outcomes to achieve against that overarching priority. Each year the objectives and desired/achieved outcomes aligned to the agreed overarching priorities will feed into the quality accounts annually.

Following various different consultations and discussions, the following priorities have been agreed, with assigned leads to support and lead their progression and full implementation:

1. Improving partnership working
2. Staff development
3. Safe management of the deteriorating patient
4. Developing and implementation of National Safety Standards of Invasive Procedures (NATSSIPs)
5. Safe medicines management
6. Community First
7. Improving patient outcomes
8. Safer Staffing
9. Comprehensive and reliable handover – 7day days
10. A culture of positive learning with clear measurement and improvements as reflected with the AQUA tool and the use of learning from excellence
11. Reducing the carbon footprint of clinical care in line with the Greener NHS sustainability agenda and the DGFT Green Plan
12. Patient Safety Incident Response Framework (PSIRF)

**Detailed overview of the 3 yearly overarching prioritises with year 1 objectives:**

<b>Priority 1: Improving partnership working</b>
<b><u>Why we have chosen this (rationale)</u></b>
There is evidence that shows that when working in partnership the NHS can:

- **Better Outcomes for People:** through the pooling of diverse perspectives and expertise, resulting in more comprehensive and effective solutions to complex challenges
- **More Efficient Services:** Shared resources, including financial, material, and intellectual assets, enable greater efficiency and productivity, minimizing redundancy and maximizing impact.
- **Stronger Communities:** Partnership working builds trust and connection between people, which makes communities stronger.
- **Improved Communication:** through transparent and consistent messaging, fostering mutual understanding and mitigating potential conflicts.

Our Trust Strategy 2025 – 2028 builds on the previous strategy goal to Build innovative partnerships in Dudley and beyond.

**Where do we want to be?**

To bring together all health and care partners across Dudley to make more effective use of the combined resources available to develop a 'blueprint' for services which are integrated across prevention, primary, community, social and secondary care and improves outcomes and reduces inequalities through services transformation.

1. Meaningful involvement from across a range of different groups and organisations is key to developing a deep and shared understanding of local health issues and inequalities and an impactful response to these.
2. Increased no. of integrated care pathways that have been co-produced with partners
3. Integration of voluntary sector organisations, commissioned to deliver services

**Better Management of Shared Workload between primary, secondary and community services** – address inappropriate transfer of work through fully operational, end to end pathways with best use of digital and physical assets and the right person acting at the right time to improve patient outcomes. Collaborative pathway design using quality improvement methodology including patient input.

**Strengthen Community Voices** – have an established system to bring the patient voice into our health and care decision making, ensuring that there is always opportunity for involvement in ongoing delivery of services, planning of service change and actively taking feedback and insights.

**Responsible person/team**

**Sally Cornfield, Programme Director**

**Priority 2. Staff Development**

**Why have we have chosen this (rationale)?**

To create an environment which allows everyone to be their best self and provide opportunity for personal growth and to recruit and retain the best talent.

**Where do we want to be?**

To be a brilliant place to work and thrive.

- Use the national leadership and management framework to develop and deliver internal career progression, reviewing our programmes being delivered to ensure these are all aligned. (Annual Plan)
- Establish a Trust education and training group that has a robust framework, work plan and agreed success measures
- Ensure career pathways provide clear routes to development and progression (Culture and Leadership Journey)

**Responsible person/team**

**Jenny Glynn and Rachel Andrews**

**Priority 3: Safe management of the deteriorating patient**

**Why have we chosen this (rationale)?**

Impacts on mortality and provides assurance of quality of care. Completing a set of vital signs and documenting them at the point of care in a timely manner is paramount to the early identification, escalation

and response to deteriorating patients. Utilising the national early warning scores (NEWS2, NPEWS, MEOWS & NEWTT2) to determine the frequency of vital signs for everyone as determined by the risk. Completing this on time will reduce the predictable and preventable medical emergency calls across the organisation, ensuring our patients are escalated appropriately and on the correct pathway.

Current compliance for vital signs being completed on time across the organisation is 52%. We will also prioritise our escalation and response to patients identified as deteriorating and continue to improve our sepsis screening and administration of IV antibiotics to those requiring the sepsis six.

**Where do we want to be?**

Provide assurance against latest national guidelines.

- Participate in NPEWS Emergency Department Pilot
- Martha's Rule pilot site
- Implement MEWS and NEWTT2 scoring systems
- Quality improvement work around timely observations, escalation, senior review
- Work with local partners across the deteriorating patient theme
- Continue AQUA pathways work

**Medical Consultant and Deteriorating patient Lead**

**Priority 4: Development and implementation of National Safety Standards of Invasive Procedures (NatSSIPs)**

**Why have we chosen this (rationale)?**

Invasive procedures carry clinical risk which can be mitigated by following national safety standards.

**Where do we want to be?**

To have ratified policies; updated Sunrise template; local audit of practice of NatSSIPs 8 Sequential Steps; incidents pertaining to invasive procedures.

- Site marking, consent, retained items, implants, NatSSIPs policies.
- Retained item process to be developed (Sunrise)
- Implant management
- Implement Medical Devices Outcome Registry of harmonised LocSSIPs in the appropriate areas

**Responsible person/team**

**Adrain Jennings**

**Priority 5: Safe Medicines Management**

**Why have we chosen this (rationale)**

The Health Services Safety Investigations Body (Dec 2024) [Medication not given: administration of time critical medication in the emergency department](#) reported concerns around time critical medication administration in emergency departments. Each of the treatment delays are known to negatively impact patient outcomes, underlying disease control and lead to longer admissions. The report focussed on the critical failures associated with delayed identification, prescribing and administration of Parkinsons medicines.

People with Parkinson's on levodopa-based medication can be taking medication up to every two hours. Even a 30-minute delay in taking medication can lead to profound health implications for a person with Parkinson's.

Missed or delayed doses of Parkinson's medication can lead to anxiety, an increase in symptoms and psychological harm. They also lead to increased morbidity, mortality, length of stay and increasing the cost of care for hospitals.

**Where do we want to be?**

- Develop a clinically led Time Critical Medicines stakeholder group that reports to Drugs and Therapeutics Group



- Development of a power BI report and dashboard that categorises the prescribing and administration of defined time critical medicines data collected from Sunrise EPMA
- Development of a time critical medicines identification and alerting process within ED.
- Shared learning across the organisation on time critical medicines with a focus in Parkinson's Disease prescribing and administration
- 50% improvement on the baseline on administering Parkinsons treatments on time within the Emergency Department

**Responsible person/team**

**Associate Director of Medicines Optimisation & Chief Pharmacist  
Controlled Drug Accountable Officer**

**Priority 6: Community First**

**Why have we chosen this (rationale)?**

Our Trust Strategy 2025 – 2028 has identified a multi-year commitment to shift care from hospital to community.

Our commitment is to shift the focus of care from hospital settings to community-based services, promoting a holistic approach to health, wellbeing and earlier intervention.

Through our continued work in our local health and care partnerships and by investing in community health initiatives, we aim to provide proactive, integrated care close to their own home. Our goal is to enhance health outcomes, reduce hospital admissions, and foster a healthier, more resilient community.

**Where do we want to be?**

We will shift care closer to home, so that only those that need to be in hospital are seen there, providing the best experience of care.

DGFT will create community first pathways that ensure patients receive early interventions in community settings without the need for hospital visits.

- Creation of an effective Clinical Navigation Centre. A recognised clinical triage practice for the appropriate pathway, community first with direct access to virtual ward, step up facilities.
- Roll out of “Estimated Discharge Date (EDD)” and “Criteria Led Discharge (CLD)” across all inpatient areas
- Creation of a multi-agency, Transfer of Care Hub with the support of NHS England to support improved discharge processes and pathways.
- Training for all inpatient wards on No Criteria to Reside
- Incorporate NHS best practice i.e. SAFER patient flow bundles
- Reduction in the length of stay of our Frailty Ward.

**Responsible person/team**

**Kat Rose**

**Priority 7: Improving patient outcomes**

**Why have we chosen this (rationale)?**

**Clinical Accreditation** is championed by the Chief Nursing Officer for England in 2019, clinical accreditation involves developing a set of standards against which quality of care can be measured. It brings together key measures of nursing and clinical care to enable a comprehensive assessment of the quality-of-care delivery at ward, unit or team level. When used effectively, clinical accreditation can drive continuous improvement in patient outcomes, increase patient satisfaction and staff morale, encouraging ownership and influencing excellence in patient care delivery.

**The Eat Drink Dress Move (EDDM)** initiative 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, this is being led as part the Chief Nurse Fellowship programme. The work is being piloted by the therapy team on 3 wards with input from the MDT. Early evidence is demonstrating a significant change to the levels of activity of patients on the target ward.

**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's 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 patients' 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 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.

**Nutritional and Hydration:** Access to and provision of high-quality nutrition and hydration should be seen as a priority for all healthcare organisations. This includes the fundamentals of a healthy balanced diet as well as availability of food and drink to meet individual dietary needs and preferences for all patients, visitors and staff. The Trust has responded to patient feedback that indicates there is room for improvement in terms of the food and drink we serve, how it is presented, and the support given to patients to eat and drink independently. One priority for the Nutrition and Hydration improvement group is to work with ward areas to establish mealtime champions who will be trained and supported to lead an enhanced mealtime experience for the ward area. The launch of the initiative took place on 4th March and has been well received by the clinical support workforce. A suite of metrics is also under development that will measure the impact of any changes implemented from a quality perspective.

#### Where do we want to be?

- Clinical Accreditation
  - Trust rollout programme in February 2025 to ward areas at Russell's Hall Hospital. It will be used as a tool to ensure continuous improvement in patient outcomes, patient satisfaction and staff experience at ward and unit level.
  - Phase two will introduce clinical accreditation to specialist areas, e.g., Emergency Depart/ ICCU/ Maternity etc
- EDDM
  - Improve the number of patients sat out of bed
  - Improve the number of patients wearing their own clothes
  - Reduce deconditioning of patients whilst in hospital
- PIVOT
  - Increase the number of volunteers who are trained
- Nutrition and Hydration
  - Mealtime champions on each ward with positive patient and staff experiences

#### Responsible person/team

Associate Deputy Chief Nurse/Quality Lead/ AHP

### **Priority 8: Safer staffing – in patient wards, assessments wards, emergency departments and children and young people wards and community**

#### Why have we chosen this (rationale)

This is nationally driven to ensure we have the right workforce to meet the needs of our patients, in line with skill mix and competence.

By using the NHSE Safer staffing Nursing tool licenced by Shelford group. These tools support the chief nurses to determine optimal nurse staffing levels helping NHS hospital staff measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce. The tools can also support the trust to deliver evidence-based workforce plans to support existing services or to develop new services.

**Where do we want to be?**

Determine optimal Nursing staffing with departments.

- To ensure the safer staffing is undertaken as based on the licence agreement and the time scale of the data is completed based on a Black Country system wide approach as approved by the Chief Nurses.
- To implement the new community Nurse safer staffing tool and continue to undertake the acute safer staffing tool

**Responsible person/team**

**Priority 9: Comprehensive and reliable handover- 7ds**

**Why have we chosen this (rationale)**

Standard 4 of Seven Day Service Standards highlights that "Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardized across seven days of the week. In our last deep dive, the standard was rated as Amber.

**Where do we want to be?**

We would like to meet the recommended standard with shift handovers kept to a minimum (recommended twice daily) and take place in or adjacent to the ward or unit with clinical data recorded electronically, according to national standards for structure and content and include the NHS number. This should be consistent across the Trust and supported by the MDT.

**Responsible person/team**

Dr Paul Hudson/Chiefs of Service

**Priority 10: A culture of positive learning with clear measurement and improvement as reflected with the AQUA tool and the use of learning from excellence**

**Why have we chosen this (rationale)**

The Trust has recently relaunched Greatix to encourage staff to highlight examples of excellence and there is an opportunity to increase the level of reporting from the platform. The new tool has improved reporting functions to extract trends and improved data to drive improvement. The Trust has access to the AQUA tool to drive improvements in this area and adopt a learning from excellence approach as highlighted in the Darzi report moving away from a deficit model of improvement.

**Where do we want to be?**

Key indicators of success would be;

- Improved staff and patient survey results including support to those involved in incidents
- Outcomes improved in mortality and morbidity.
- Increased use of GREATIX and workstreams from this.

**Responsible person/team**

Dr Adrian Jennings

**Priority 11: Reducing the carbon footprint of clinical care in line with the Greener NHS sustainability agenda and the DGFT Green Plan**

**Why have we chosen this (rationale)**

In 2020, the NHS became the world's first health service to commit to reaching carbon net zero by 2045, in response to the profound and growing threat to health posed by climate change (Greener NHS, 2020). Nursing and midwifery are the largest workforce, so it is in our gift to support the Greener NHS aspiration of Net Zero by 2045. It is also required as part of the Well-led CQC domain and is laid out in the NHS Constitution (2023).

Environmental stewardship will help reduce health inequalities, reduce air pollution and reduce hospital admissions.

**Where do we want to be?**

- Increase the nursing, midwifery and AHP knowledge of the impact of care on our Trust's carbon emissions, and their roles and responsibilities in reducing that impact.
- Reduce unnecessary use of single use items – Relaunch the Gloves off campaign
- Reduce financial spend on gloves and capture the carbon emissions savings
- Agree a programme of works implementing a reduction in other high volume single use products

**Responsible person/team**

**Sustainability Lead/ Associate Deputy Chief Nurse/ Infection prevention Lead**

**Priority 12: Patient Safety Incident Response Framework (PSIRF) - Learning from Safety I and Safety II**

**Why have we chosen this (rationale)**

Maximising learning opportunities, approaches, and their contribution to Quality & Patient Safety improvement.

**Where do we want to be?**

All local PSIRF priority areas have detailed supporting plans of improvement which incorporate impact and outcome measures.

Safety II (good care events) is incorporated into governance reports at all levels.

- The key focus will be to continue strengthening our Patient Safety Incident Response Plan (PSIRP), to ensure that improvement objectives are clear, outcomes and impact can be measured and are monitored. This includes working with newly transitioned services (PLACE division) to embed PSIRF.
- The Learn from Patient Safety Events (LFPSE) reporting will continue to be developed to enable direct reporting of incident responses as STEIS is decommissioned.

**Responsible person/team**

**Kristina Murphy - Patient Safety**

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

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

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

<b>3. Report journey</b>
Trust Management Group Quality Committee Public Trust Board Full Council of Governors Meeting – 20 March 2025

<b>4. Recommendation(s)</b>
The Council of Governors is asked to:
a) Review and provide comments on the new approach and overarching quality prioritises

<b>5. Impact</b>		
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 Council of Governors 20 March 2025**

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

**1. Summary of key issues**

**Council of Governors notice of elections & current vacancies**

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

A call for nominations will be issued shortly for vacancies arising in the following constituencies as listed:

- Public – North Dudley
- Public – Tipton & Rowley Regis
- Staff – Medical & Dental

Following a recent resignation, a vacancy has arisen in the Tipton & Rowley Regis constituency and note that the constituency will be included in June elections round.

The Council is asked to note that the elections will be overseen by an independent contractor Civica Election Services.

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

**Lead Governor end of term/appointment process**

In March 2024, the Council was advised that the term of lead governor runs coterminous with the remaining term of office. Alex Giles reached his end of term of office in December 2024 and an election process commenced to appoint a new lead governor.

All Elected Governors (public and staff) were given an opportunity to apply for the position of Lead Governor. The appointment would be formally announced at a meeting of the full Council of Governors in March 2025.

The appointment will be subject to annual review and endorsement of the full Council. The timetable was:

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

**Results**

Following the closing date for receipt, there was one expression of interest received from Mr Alex Giles, public governor for Stourbridge who was successfully re-elected to his Stourbridge constituency in December 2024.

Subject to endorsement from the full council, it is proposed to appoint Mr Alex Giles as lead Governor for the remainder of his term of office (expires December 2027) that will be subject to annual endorsement by the full council.

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

3. Report journey
Council of Governors 20 <sup>th</sup> March 2025

4. Recommendations
The Council of Governors is asked to:
a) <b>Note</b> the intention to proceed with election activity for vacancies in the public constituencies of North Dudley, Tipton & Rowley Regis and staff constituency of Medical & Dental
b) <b>Endorse</b> the appointment of Mr Alex Giles as Lead Governor for the period of his remaining term subject to annual endorsement by the full Council.

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



**Paper for submission to the Full Council of Governors on 20 March 2025**

<b>Report title:</b>	Update from the Experience & Engagement Committee Meeting held on 25 February 2025
<b>Sponsoring executive:</b>	Helen Board – Board Secretary
<b>Report author:</b>	Natalia Hill – Deputy Chair of Experience and Engagement Committee Madhuri Mascarenhas – Governance Administration Lead

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

**Assure**

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

**Advise**

- The Trust will reintroduce a mentoring/buddy system to provide additional support for both new and existing governors. Under this system, an experienced governor will be paired with a new governor to offer guidance and serve as a point of reference.
- Governors were advised that the approach to setting Quality Priorities would be different this year. A new Quality and Safety Plan would be introduced. Instead of setting yearly priorities, the Trust would adopt a three-year plan. This new approach aims to ensure sustainability and prevent priorities from being treated as one-off annual initiatives.

**Alert**

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

**2. Alignment to our Vision**

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

**3. Report journey**

Full Council of Governors Meeting – 20<sup>th</sup> March 2025

**4. Recommendation(s)**

The Council of Governors is asked to:

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

**5. Impact**

Board Assurance Framework Risk 6.0 | X | Build innovative partnerships in Dudley and beyond

Is Quality Impact Assessment required if so, add date:

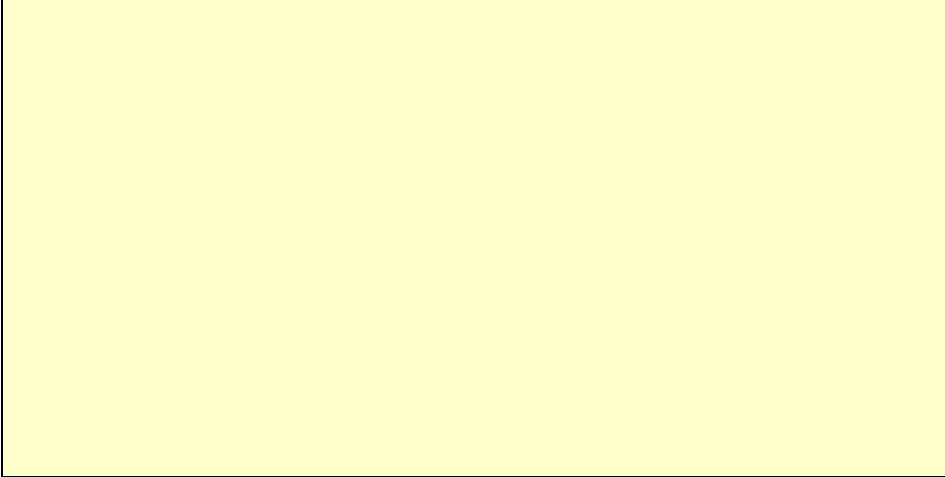
Is Equality Impact Assessment required if so, add date:



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

<p align="center"><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p>	<p align="center"><b>ACTIONS COMMISSIONED/WORK UNDERWAY</b></p>
<ul style="list-style-type: none"> <li>• The Trust remains compliant with its terms of license in respect of its public membership and is well-represented by age, constituency, and gender. The public membership figure in the third quarter for 2024-25 was 13,318, reflecting an increase of 59 members compared to the last quarter.</li> <li>• Governors are asked to actively participate in Trust facilitated activities and identify opportunities within their constituencies.</li> <li>• An area of concern highlighted in the Quality Committee report was:             <ul style="list-style-type: none"> <li>○ Increased outbreaks of flu and respiratory syncytial virus (RSV) within the Trust and the local community. Vaccine uptake remained low despite multiple efforts to increase accessibility for staff.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Membership recruitment remains a priority for the Trust to ensure that membership numbers do not fall below the required threshold. Governors were advised about upcoming governor activities organised by the Trust and were encouraged to participate and contribute to ideas of engagement.</li> <li>• Governors were advised that the approach to setting Quality Priorities would be different this year. A new Quality and Safety Plan would be introduced. Instead of setting yearly priorities, the Trust would adopt a three-year plan. This new approach aims to ensure sustainability and prevent priorities from being treated as one-off annual initiatives.</li> </ul>
<p align="center"><b>POSITIVE ASSURANCES TO PROVIDE</b></p>	<p align="center"><b>DECISIONS MADE</b></p>
<ul style="list-style-type: none"> <li>• Governor attendance at Committees of Board continued and provided opportunities for governors to draw assurance from the work undertaken and noted the proactive nature of committee business.</li> <li>• Positive assurances received from the Quality Committee were:             <ul style="list-style-type: none"> <li>○ Improved complaints response with 55% complaints responded to in 30 days during November 2024, best performance since the initiation of improvement actions in early 2024.</li> <li>○ Good levels of assurance for perinatal quality surveillance data. Compliance with the 3-year service delivery plan for Maternity and Neonates stands at nearly 96%.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Based on Governor feedback, the Trust will reintroduce a mentoring/buddy system to provide additional support for both new and existing governors. Under this system, an experienced governor will be paired with a new governor to offer guidance and serve as a point of reference.</li> </ul>

- The safeguarding team received recognition from the Dudley Safeguarding People Partnership for excellence in multi-agency collaboration.
- Following positive assurance received from the Quality Priorities update:
  - SHMI (Summary Hospital-level Mortality Indicator) pertaining to Stroke has remained at 100 with the Trust achieving SSNAP (Sentinel Stroke National Audit Programme) data category B. The quality priority for Stroke and subsequent actions have all been completed for Quarter 3.
- Yvonne Peers updated on the positive assurance received at the Equality, Diversity and Inclusion Steering Group meetings. All networks were collaborating effectively, and the demand for these networks continues to grow.



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