

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Good afternoon everybody. I make that 4:30. So welcome to this Annual members meeting 2023. My name is David Nicholson. I'm the chair of the board and it's a great privilege to be your chair, and it's a great privilege to chair this meeting. We're joined by members of the Council of Governors, by members themselves, by members of the Board of Directors and of course, by many members of our staff. So, welcome everyone.

This year the Council of Governors have appointed two new non-executive directors, Joanne Hanley and Professor Anthony Hilton. Welcome to both of you.

We are saying at this particular meeting something, we'll say quite a lot about over the next few weeks, we will be saying goodbye to Mary Sexton, the chief nurse who will be leaving us in the near future. Mary has done a fantastic job for this organisation over the last period, leading nursing and Allied Health Professionals. She has played a major part in taking this organisation forward over the last few years and we hope she enjoys her time, but she will be sadly missed by all of us.

In terms of innovations we have in the organisation - we've always had at our board meetings - a patient's story at every meeting. It's really important to do that in order to kind of ground us in terms of our conversation about patients and what their real experiences of being treated in our services has been. But we introduced this year a staff voice, where a group of staff can come in and talk to the board about what it's really like to work in this organisation and that has been a really fantastically important development for us over the last year or so. And again, as grounded is in the reality of what staff's experiences are as part of a set of initiatives to try and create a much more open and compassionate organisation as we go forward.

One of the things that is very obvious for someone who has more recently come to work in the trust is the amount of general innovation that goes on. It really is an incredible organisation. Diane is going to be talking about some of these things in a bit more detail soon. But I just wanted to say something - you know, the alcohol care team, our own bed instead, the clinical hub, the amazing work of the heart failure team, to mention but a few. And they're the sorts of things that we've been talking about at our board that have been really great.

During this period, I've also been appointed as the Chair of Royal Wolverhampton and the Walsall trust. This is an important development to bring the four organisations in the Black Country, Sandwell and West Birmingham, Dudley and Wolverhampton and Walsall closer together so that we can both learn from our experiences to share good practise across the various parts of the system, but also to make sure that we're providing a comprehensive and a high standard of service across the whole of the Black Country.

This is not a merger of organisations. I still chair all four trusts. We have appointed four deputies and we have a joint committee to work between ourselves to make sure that we can really move services forward. Because one of the great things about the Black Country has been the Black Country Provider Collaborative which has been predominantly clinically led. I'm sure Diane will talk a little bit about this later. They are doing lots of really good clinical work, from on the one hand developing services around that we currently didn't provide in the Black Country, moving services from Birmingham into the Black Country for better access for our patients, but also the introduction of

robotic surgery across the patch, really important developments that we can only do because we work very closely together.

Now we had originally planned for this meeting to be face-to-face, and many of us you know after the period we've been in do recognise the importance of a face-to-face. Unfortunately, it's been impossible to do that this year, predominantly because today, as in many days, over the past few months, there is industrial action going on in the Trust by both junior doctors and consultants. Now these are part of a really big set of challenges affecting the NHS on the whole, and it would be remiss of me not to mention the real challenges that we are having. We've got financial challenges as far as the Black Country is concerned, we're facing serious issues around the sustainability of our finances, which we are robustly trying to resolve whilst at the same time improving services for our patients.

We've got the industrial action and we've got the major sort of backlogs that developed over the last few years, not least of all in terms of electives and I can absolutely assure you that we're committed to reducing waiting as fast as we possibly can in Dudley at the moment. And what I would say in all of that, I would have to commend the fantastic work of our staff overall given all of those challenges. They're remarkably resilient and remarkably focused on improving services for our patients.

I also just want to say something about our governors. It's a really important part of the way in which this organisation is managed. We have a great bunch of governors who hold us to account in terms of what we do to ensure that we are providing the best possible services for the people of Dudley. They go and meet patients, meet members of staff and a really important mechanism for making sure that we understand what the people of Dudley and what our staff feel about what we're doing and what they say about what we're doing. But they also are great ambassadors for our organisation in Dudley and I would like to commend them and thank them particularly for their independent view.

So let's talk as far as the meeting is concerned, the Trust annual report is available on the the website. A transcript of the meet of this meeting will be made and will be available on the Trust website early next week. And we'll be happy to take questions. We've had some sent in to us already, but we're happy to take more. We'll do that at the end of the meeting if that's ok with everybody.

So the first thing I need to do for those of you who were here last year, I need to approve the minutes of the annual Members meeting from 2022. Can I say that they were a reasonable reflection of what was said? I can. I've got nods there. OK. Thank you. Thank you very much. So we resolve to approve the Minutes of the Members meeting for 2022.

And I want to move on to introduce someone I guess needs no introduction. Our brilliant Chief Executive Diane Wake.

WAKE, Diane (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, chair.

So good evening. My name is Diane Wake. I'm the chief executive of the Dudley Group. And it gives me great pleasure to be here with you all for our 2023 annual members meeting. And I'd like to share with you some of the many success stories from the past year and also take a look at what we have planned for the coming year. More than three years after our first COVID case in the UK the NHS is continuing to navigate its way through a huge demand for its planned services and the increased

demand for its emergency services. This year has also seen our country facing an ongoing cost of living crisis and strike action across public industry sectors having a huge impact on many people here in Dudley and in our organisation. It fills me and our board colleagues with immense pride as we take some time to think about the amazing work our staff, volunteers and partners do each and every day for the communities of Dudley and beyond and I would like to say thank you to every person involved with providing all our services across the borough.

And of course, a huge thank you goes to our wonderful unsung heroes, our volunteers who provide extra help day in and day out across our Trust. In fact, we were successful in a significant grant for our Dudley Advanced Programme, supporting young people from black and ethnically diverse communities to take up volunteering opportunities in the Trust. Over 220 young people enjoyed volunteering opportunities with us and we are now looking to see how we can make the scheme sustainable and grow this into a route into employment.

As we move into the dreaded winter months, we also have thoughts for those residents who are struggling and recognise that some of our staff may have real concerns outside of work. We are providing as much support as possible to individuals who need it. Our well-being offer is stronger than it has ever been with many services established during COVID and we continue to support our people and we now have over 100 staff well-being champions across our Trust offering further guidance.

We are really proud of the work we have seen evident across our trust for equality, diversity and inclusion with our networks really influencing the way we think and make decisions. In December, we launched our Staff Women's Network, which has grown from strength to strength, providing support for staff who identify as women with a voice to empowerment and support and a means of raising collective issues in relation to their employment from menopause support, International Women's Day, Women's Day meetings, pregnancy loss meetings, menstrual health seminars and much more. The network has been a fantastic addition to our staff network portfolio, and I'm really proud to be part of that.

We are committed to being a more inclusive organisation, ensuring equal opportunity and, celebrating diversity, and encouraging supporting our people to reach their potential and thrive at work. We know there is more to do in this arena, and most recently, several high-profile cases at other organisations have helped us to reflect on practise and also to remind staff of all of the ways they can access support and also speak up about any concerns that they may have.

The introduction in 2022 of integrated care boards has seen trusts across the Black Country working closer together with a commitment to collaborative working that can offer patients across our region access to the best possible care. The four acute trusts in the Black Country came together to form the Black Country Provider Collaborative in 2020, and I lead on planned care and cancer across the Black Country. The strength of our model of collaboration is through strong clinical leadership coming together and working out the best way to deliver services at scale. We work together to eliminate patients waiting over 104 weeks and 78 weeks, and we are progressing towards the next targets of no one waiting longer than 65 weeks and 52 weeks. Dudley has given much mutual aid to other trusts across our system to help provide equitable care to all.

Recently we introduced something called Mohs surgery, which is one of the most effective techniques for treating skin cancers, and it was named Mohs after the surgeon who invented the

procedure, and this has been introduced at Wolverhampton and provides a service for Black Country patients. Previous to this, our patients had to travel to Birmingham to have that specific procedure, and this surgery is a very successful way of treating types of skin cancer and allows the surgeons to check each layer of tissue as they do the procedure to ensure all the cancerous cells are removed. And we are really proud that we've brought this back into the Black Country.

We have also added to our system wide capacity by establishing two Community diagnostic centres at Connaught Chase and Corbett outpatient centre, both of which are exceeding the expected operating thresholds. We're also proactively driving a new and emergent clinical model of care, pursuing closer through the working concepts of network service models and solutions and developing centres of excellence, ensuring that we maximise the use of highly qualified workforce to provide better, faster and safer care for the population that we serve.

Recently, our immunology team moved to their new location at New Cross Hospital in Wolverhampton, which is the home to the Black Country pathology services hub. All immunology samples from Dudley and Walsall hospitals, including samples received by these laboratories from Primary Care, will be processed there as part of an ongoing collaborative hub scheme.

In January, one of our other successes, we held a new year new career recruitment event which welcomed over 840 visitors and potential new members of staff. Over 140 interviews took place on the day, and over 200 new members of staff were recruited. That was a fantastic achievement. And then we had a further spring recruitment event which took place in April and once again the insatiable appetite, rules here at the Dudley Group were clear to see and we are very proud of our recruitment record and expanding our workforce, which only further cements our commitment to being a brilliant place to work and providing jobs for people locally.

Further to this, we invited local secondary schools in Dudley to our behind-the-scenes event where students were given the opportunity to visit different departments throughout the hospital. They learned about potential future careers in the NHS followed by getting to test out some of our fantastic equipment in our departments, which we use on a daily basis and also for training purposes. It was a real success.

We also had some very exciting technological advancements in Dudley this year. We celebrated the launch of our hybrid theatre in February, a state-of-the-art robotic Hybrid operating theatre and the first of its kind in our region. Among the many advantages to this theatre is the capacity to treat a patient with one solution rather than them having to have to return for repeated interventions. And in addition, the trust now has the ability to avoid some of the open operations through using anti-vascular techniques and we'll hear more about that from Atiq Rehman, one of our vascular surgeons a little bit later. We installed our first surgical robot and performed our first procedure on a patient using the robot at Russell's Hall Hospital. A consultant in Urology performed a kidney removal and a reconstruction procedure using the DaVinci robot system, which cost us around £1.5 million.

Another success, our Paediatric Virtual Board programme, was shortlisted for several national awards during 2022, paving the way for other trusts across the country to launch their own programmes. It has since inspired further virtual wards here in Dudley such as our complex nutrition ward which began at the start of 2023 and is one of the first of the country of its kind.

In August in partnership with Dudley Council, we celebrated the opening of five family hubs across the Black Country with the Dudley Family Hub Network. These sites offer support to families through a range of services, all being in one place.

Work on our deteriorating patient team was highly commended in the recent Health Service Journal Patient Safety Awards and focuses on changing the way we care for adult, paediatric, maternity and deteriorating patients. The key framework is to identify, escalate and respond and you will hear about this later on in our service area feature.

We also received the Pastoral Care Quality Award recognising our work in international recruitment and our commitment to providing internationally educated nurses and midwives with high-quality pastoral care during their arrival and settling into a new life in the UK.

We also unveiled earlier this year our robotically enhanced pharmacy service and that was in June focusing on optimising a new department, its facilities and its equipment to deliver a robust and streamlined service for both patients and staff.

And of course, we can't not talk about our trust celebrations for its the NHS 75th birthday, which was back in July. All of our staff received their commemorative pin badge to mark the event, and tea parties were held across all of our sites throughout the week, led by our Dudley Group charity. Our staff shared stories from both the past and the present, and we created timelines marking key moments in our trust history.

We were also delighted to welcome the BBC, who wanted to celebrate with us the birthday of the NHS, but importantly, share our fantastic news of being rated good for our maternity services by the Care Quality Commission. We are incredibly proud of the hard work of our staff that has shown throughout this year and it was a huge reward to receive the new rating during that time. We closed off our summer with the Committed to Excellence Awards, further celebrating our staff and the unbelievable work that they do, including awarding our special NHS 75 award to our team of over 400 international nurses and midwives who have integrated seamlessly into our workforce here at Dudley over the last 12 months. They are such a valuable asset to us. There's really so much we are proud of here in Dudley and we've made a short visit video to share some of those achievements.

Video playing

WAKE, Diane (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Well, after watching that all I can say is wow, that just makes me just so proud of all of the staff that work in our hospital and all of our sites within the Dudley borough. What an amazing set of staff we have in this organisation.

The future holds a lot of exciting developments in healthcare across the Black Country, and I'm certainly proud to be part of that. But I'm even more proud to be part of what's going on within Dudley, and it's clear to see that Dudley is delivering well against our constitutional standards and innovating too. For next year we will need to continue our strong performance and I'll work with partners across Dudley and it will be through with The Dudley Health and Care Partnership to develop an integrated model of care in Dudley. A significant amount of time was spent developing the partnership areas of priority focus and the associated work plans to deliver these. Areas that we are focusing are:

- Strengthening partnership effectiveness
- Transforming citizen experience
- Shifting the curve of future demand
- Reducing inequalities in health and healthcare
- And improving the outcomes for infants, children and young people.

We have worked together on our first 1001 days integrated teams which have provided a wonderful platform to support the family hubs programme, which saw five family hubs launched in August, which aims to integrate early years and public health nursing service to support families in the community. We have also worked with partners to further develop our clinical hub and we have seen an increase in the utilisation of the hub, which supports us to reduce the pressure on our front door services and supports patients to receive treatment in their home rather than coming into hospital. We recognise there's still much more work to do and we look forward to continuing working with partners on this in the coming year.

This month colleagues from primary, community and secondary care launched our principals for collaboration and partnership. These represent a strong set of clinically led principals which partners should all commit to when interacting with one another, keep the patient at the centre of our decision making and ensure that actions taken are completed in a timely way by the most appropriate individual or team and are understood by all.

We're also really excited about our partnership with Aston Medical School with Sandwell and West Birmingham Hospitals as we progress our long-term ambition to be a University Hospital. The fantastic work, our Research and innovation team will do will grow and support this as we continue to enable us to provide patients access to unique new trials and treatments.

We do, of course, have to keep real grip and control on our finances to ensure sustainable healthcare in Dudley and beyond, but the future is bright, so I'll end by saying once again thank you to all of our staff, volunteers, partners and patients, their families that make Dudley Group the Trust that it is and a special place to be. Thank you.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

OK. Well, and can I, on behalf of everyone, thank you, Diane, for the work that you do. It's really important that we continue to develop services and innovate, and we will have the opportunity to hear a little bit more about a couple of those services later on. But whilst we do all of that, of course, we really do need to make sure that we create a sustainable financial base for our services and our organisation going forward.

So can I ask Chris Walker, operational director of finance to talk about the accounts for 22-23.

WALKER, Chris (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, David.

I'm Chris Walker, Operational Director of Finance for The Dudley Group Trust. I'm going to talk about the trust financial accounts for 22-23. I can't promise that this will be as inspiring as Diane's presentation, but, what I can promise is I'll try and be as quick as possible to work our way through it.

So, we have the annual report. As was said earlier, it is on the Trust website, which has the full set of accounts for 22-23 within it. The main statement that we look at in the accounts is the income and expenditure account and this slide gives us a very high-level view as to where the trust finished up for that financial year.

On those accounts, you will see that the bottom line position we reported was a £63,000 surplus and that includes the charitable funds finances within that position. If we remove technical adjustments and the charitable funds surplus, then the Trust's final position was a £24,000 surplus. More or less achieving our planned financial position of a break-even financial position for the year.

In terms of capital expenditure, just over £17 million spent during the financial year, which we'll look at in a bit more detail on a slide later on. And in terms of cash, just under £14 million cash for the Group, of which 11.6 million is connected to the trust.

If we take a look at the income that the trust received and where it came from. So overall, we received £545 million worth of income during the financial year, and the vast majority of that 73% comes from Black Country ICB, who pay us for the delivery of our patient care to the patients and public of Dudley. We received just under 24 million from other local ICBs for cross-border activity, that we are treating patients from other areas. And just under 84 million in relation to income we get from other NHS bodies, which is predominantly from NHS England and related to specialist commissioning services for cancer, renal and HIV. We have 16 million to do with education and training and just over 6 million in this financial year relating to top-up funding which was the income the Trust received for hosting the COVID vaccination process for the Black Country.

So what did we spend that money on to achieve our more or less break-even position? So overall, we spent 529,000 on operational expenditure, which, as you can see, the vast majority is on salaries and wages for our staff. Drugs was 42 million and supplies and services 50.5 million, and that relates to the consumables, etcetera that we have to use in the everyday use of treating patients within the hospital.

We have our CNST premium, which is our insurance premium we pay to the Department of Health, which was just under 15 million. Depreciation and impairments relating to the write-down of our buildings of 15 million. And just under 34 million relating to the PFI services relating to estates, cleaning and porters that we pay our partner Mitie to deliver those services within the hospitals.

So capital expenditure we touched on earlier that we'd spent just over 17 million in the financial year from capital. The highlights are included on the slide. 5.6 million on medical equipment, a lot of that related to replacement of some high cost gamma cameras within our Diagnostics department and the hybrid theatre that Diane mentioned earlier in her presentation. 4.1 million on estates maintenance and enhancements. Put enhancements into anti ligature works within the hospital and also drug room cooling. 2.6 million on IT investment. 2.2 million on the surgical robot, which is benefiting our cancer patients in urology. The pharmacy robot replacement of 1.1 million. Just under a million on community diagnostic centre in 22-23 that was spent on the development at the Merry Hill Centre and also much needed equipment. And £700,000 on the endoscopy room enhancements around the recovery room for the 5th endoscopy room we created the year before.

As a trust, we have to have external auditors who review our financial accounts that we prepare every year. Grant Thornton are the trusts external auditors. They have two main roles as part of that audit. They will review in detail the financial statements that we prepare and go through all the working papers that are in place that arrive at the figures that you'll see in the accounts. And for 22-23, they provided the trust with an unmodified audit opinion, which means that they were happy with the presentation and the preparation and the figures that were presented there. So that's a good position to be. They also look at, does the trust have appropriate arrangements in place to secure value for money? They found no significant weaknesses in terms of governance or improving economy, efficiency and effectiveness. But they did raise one significant weakness in relation to financial sustainability and that relates to the ongoing financial position of the trust and in particular, the 23-24 deficit plan, which we'll touch on the next slide.

So moving on to the financial outlook for 23-24 and beyond, as Sir David said earlier, it is a very challenging financial environment that the NHS finds itself in and in particular within the Black Country health system. For 23-24, the Dudley Group has set a deficit plan of 19.2 million with the Black Country integrated care system having a deficit plan of just under 69 million. We still have the potential to earn elective recovery fund money which allows us to increase our income for delivering elective activity over and above the 19-20 activity levels that we saw pre COVID and that's to try and get the waiting list down for our patients. To hit that £19.2 million deficit we have a cost saving target of 26.2 million, which is about 5% of our turnover. So again that's very, very challenging. And to make all this work again touching on the theme that Diane mentioned, we do have to work collaboratively within the Black Country with our other local NHS providers and not just work as a single trust.

Thank you for your time.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thanks, Chris.

So I think reinforcing a fantastic result for 22-23. Well done, Chris and all the team to enable us to deliver that. But a kind of a warning in terms of our future financial position and the pressures that are on the NHS overall, not just in this part of the world but all across the country. Thanks for that.

Can I now move on because one of the other important parts of our work is our connection with the community. And an important part of that work with the community is the charitable funds and the charitable work that comes underneath us. So can I ask Liz Abbis, our excellent director of communications, to take us through that part of the agenda.

ABBISS, Liz (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, chair. It gives me great pleasure tonight to share just a few highlights from our charity fundraising team, which I have the great joy of looking after.

During the year, the charity team refreshed and renewed our three-year strategy. And you can see in part - I know it's small on the slides, that one in front of you - this vision of the charity remains the same as it has been for many years and that is to enhance the well-being and experience of our patients and staff by providing services and facilities not routinely funded by the NHS or our trust itself. We are an umbrella charity which looks, after the charitable funds of all the wards and

departments at our Trust and we raise donations from and with companies, individuals, through events, wills and legacies that people leave for us.

Donations are used to benefit the staff and the patients, and some examples of this year are:

- during this year, we purchased a safe high/low bed for the children's ward, which enables people to stay overnight in a more comfortable space if they have any kind of learning difficulty or additional needs that we can care for them in that way.
- Care packages for patients on the Georgina ward provide additional things for people receiving cancer treatment to make their stay in our hospital and their visits just a little bit more comfortable.
- Mental health first aid training for staff members at the Trust. Again, which goes above and beyond that would normally be provided through our statutory training for people.
- And a new premature baby size simulation doll for the neonatal ward, which allows them to use that during teaching sessions with staff.

We are extremely grateful for the generous donations we receive, and we always keep our donors updated on where the funds are spent.

It's been another busy year for the charity. And here on this slide, you can see some of our fabulous fundraisers and members of staff that have engaged with us. A few highlights I'd like to mention:

- Community fundraiser Billy Spakemon and his supporters. They've raised money for the charity for several years now by busking on the streets of the Black Country. Some of you may well have seen them out and about. In 2019, they raised £6500 for our diabetes unit. In 2020, that increased to £8000 for our Georgina unit. In 2021 it was over £11,000 towards our Breast Cancer Care and prostate cancer care departments, and in 2022 they excelled all previous fundraising efforts by raising an amazing £18,000 for our neonatal and children's department. A new premature-sized doll was purchased with some of the funds and is being used regularly now in that neonatal ward.
- Last November, we hosted our iconic annual Glitter ball at the Copthorne Hotel in Dudley, gathering local businesses together. The event offered the opportunity for attendees to raise funds for our charity and network with other like-minded Black Country businesses as well as trust staff. The event raised an amazing £15,500 which included some generous donations to raffle and auction prizes, which again, we are really grateful to our community businesses that help us with this. This year, the event returns, celebrating 75 years, and I've got a few more dates for everybody's Diaries if you want to support us going forwards.

Diane's already mentioned the charity received a huge grant of over £97,000 from NHS charities together and the Department for Digital Culture, Media and Sport as part of their Volunteering Futures Fund and we were really pleased to welcome over 220 young people into our volunteers. Many of whom have actually gone on to employment within the Trust and elsewhere in the Dudley borough. So we're looking at how we can make that programme more sustainable and carry on into the future.

The charity was fortunate to receive donations from members of the public, community groups and companies during COVID, and we decided to use some of these funds to create a dedicated staff well-being space for the maternity department. Staff shared what improvements they felt would make the biggest difference to their working lives, and we used this feedback to design and launch a

new well-being room last year. Staff in the department loved the new area and they really feel looked after and it has made a huge impact on their morale.

We have key events planned for the new year and hopefully those will pop up in front of us. You are very welcome to join us. Our superhero fun run has become an annual event now at Himley Park, and that is next June. We've got various events happening for Christmas festivities, including Christmas Jumper day on the 7th of December. You are very welcome to join our fundraising efforts. There's some really stiff competition here at the trust with Christmas jumpers and for those staff that can't move out of their uniform, they do join in by buying pin badges as well, and donating to the charity so they don't get left out.

And again, we will join in the NHS Big Tea and celebrate another birthday of the NHS on the 5th of July next year. And as always, as I would be expected to, if anybody has any connections that they'd like us to make with local business for our glitter ball or to help support with our charity, we would love to hear from you.

Thanks for listening.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thanks, Liz. Fantastic report from a great charity and just to reinforce Liz's point there, if there are people who want to get engaged, involved in any way, please contact Liz and we'll take up those opportunities. Thank you.

We did talk about some service areas earlier on, and we're going to see, I think a bit a bit more detail and insight into them. And the first one, I think, is going to be introduced by Mary.

SEXTON, Mary (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, Sir. David.

It is great pressure to introduce the work that we've been undertaking around the deteriorating patient. This is a patient-focused piece of work promoting the safety of our patients. It's been clinically led across multiple professional teams and earlier this week it won a highly commended award in the HSI Patient Safety Awards. So, it's my great pleasure to introduce the video and to share the work of the team with you.

Video:

Sian Annakin: Hello, I'm Sian. Annakin. The deteriorating patient lead here at the Dudley Group NHS Foundation Trust. Over the next few minutes, I'd like to share an insight into some of the work that we do.

Our team of deterioration and resuscitation practitioners work across all areas of the trust, providing leadership expertise and support both clinically and educationally for multidisciplinary staff working with deteriorating patients, we undertake a governance role providing assurance that evidence-based practise underpins the care of our deteriorating patients. We do this as clinical role models through education in local and national courses, providing mandatory training, audits and

undertaking quality improvement projects like RADAR - teach staff how to recognise acute deterioration and RESPECT.

Over the last year, we've made some significant improvements towards a more sustainable future for the Dudley Group. We've rolled out a new range of defibrillators facilitating the provision of pacing, card diversion and entitled CO2 monitoring in more areas. We've commenced the waste reduction scheme to improve our compliance availability and insurance in the provision of emergency equipment within the clinical areas by the introduction of our RESUS vending machine.

Also introducing my kit check, which is a digital checklist and compliance monitoring platform, allowing each ward complete oversight of their deteriorating patient trolley to rotate their stock and help us manage product recalls safely and efficiently.

Sepsis is a condition we're passionate about driving forward improvements in to help staff with early recognition, escalation and early treatment. We've worked closely in the development and introduction of the new deteriorating patient pathway in conjunction with Doctor Adrian Jennings.

Dr Adrian Jennings: I'm doctor Adrian Jennings. I'm one of the consultant anaesthetists within the trusts and I was the implementation lead of the deteriorating patient pathway. So this was a project that we collectively set out to address back in early 2022. We knew that the trust had some limitations in the way that it managed deteriorating patients and that there was an opportunity for improvement.

Sian Annakin: Deteriorating patient pathway allows staff to easily identify the risk patients by the early warning scores within the Trust. It has been nominated for two Health Service Journal awards. We are finalists in the deteriorating patients and rapid response initiative of the year category and for safety improvements through technology. The final takes place in Manchester on the 18th of September.

Using easily identifiable icons on the tracking boards to see where escalation, senior clinical reviews and sepsis screens are required allows staff to get rapid expert help to our sickest patients and improves our communication. Identifying those patients that require the timely emergency treatment for sepsis and prompting staff to what needs to be done.

Adrian Jennings: We've shared our projects both within the National Deteriorating Patient Forum and with colleagues at NHS England that run the National Acute Deterioration CQUIN. And more recently with the Maternity Early Warning Score National Project. So there's quite a lot of aspects of what we've done that are of interest to these external partners because we have managed to advance our local I.T. and cultural systems more so than many of our neighbours. And so there's a lot of shared learning here that the rest of the NHS and other providers can learn from.

Sian Annakin: More information on the deteriorating patient pathway and other educational resources can be found with details on how to contact our team and our training dates on the Trust Intranet page.

Thank you for listening.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thanks for that. That was fantastic. Thanks, Mary, for introducing that. It's a great thing and if one thing I would say about it is that you know it was identified in 2022 and we're now in 2023. So it shows how quickly when we put our minds to it, how we can make rapid improvements in healthcare for our patients. It really is fantastic, and it was a great result to get a highly commended Health Service Journal award earlier on in the week.

Let's then move on to the next service development. I think we've got Atiq here. I can't see him. I'm sure he must be here somewhere. He is here. Excellent. He's going to talk about the hybrid theatre.

REHMAN, Atiq (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, Sir David.

And as Diane mentioned in her speech, one of the big developments in Dudley for the Black Country population, I would say is the build of hybrid theatre. And hybrid theatre obviously is one of the existing theatres which was converted into a state-of-the-art theatre with imaging facilities inside the theatre, and that is what is called a hybrid theatre. That means the patient can have so many minimally invasive procedures done at the same time if they are having an open surgery. So we obviously had a great pleasure and great development with the help of the executive team and great interest from our Chief Executive we managed to do this. This is a great facility to deliver our vascular services for the Black Country population. And I'm delighted to really be here with the team to present this great video to our audience. And I must say thank you to so many people who made this happen for the Dudley population and also the Black Country population, where everybody is getting the benefit from this service as a whole. Thank you.

Video:

So the hybrid theatre is an operating theatre equipped with the latest technology, which is an X-ray device that enables the surgeons to have X-ray images during operating. This facilitates a lot of treatment, including endovascular treatment, which is what we use in vascular surgery, which means you can deal with the blood vessels remotely without opening and doing a direct surgical approach on these vessels. For example, you can treat an aortic aneurysm inside the abdomen with a small incision through the groin. So that's the aim of doing this procedure using the X-ray machine.

So what we're aiming for, it's a better collaboration with radiology and surgeons. And for the patients it means that instead of going to have one procedure, one treatment downstairs and interventional suit and then having the time delay and coming back for another procedure upstairs in theatres when they require, they can just have the procedure done under the same anaesthetic in the same place.

Having hybrid theatre in the Black Country Vascular network is very, very important. It is the first time in the Black Country we have a hybrid theatre. It is very useful to make the operation happen quicker. A lot of the time before the hybrid theatre we had to do a lot of operation in two steps. The open part of the operation was done in the surgical theatre and maybe a few days later or a few weeks later, you do the X-ray guided part of the operation in the X-ray departments. But now having

hybrid theatre you can do a hybrid procedure when you do the open part of the procedure as well as the endovascular part of the procedure at the same time. So, that would help waiting list and getting the patient done quicker.

My role changed a lot because I've got to ensure that everybody is trained on the equipment that we are going to be using. We are now providing more endovascular work so it is joint team effort with radiology department. I've got to work closely together with radiology leads, make sure the X-ray safety is not compromised. We've got rules and regulations specific for this theatre that we didn't have before.

The only unit that had hybrid data before us was in Birmingham. Other units around the region, they don't have this facility, so it give us a very good advantage on how we treat our patients and how we attract people to work with us as well.

We have a large number of patients from Walsall, from Dudley, from Wolverhampton. So, it's quite a high number in vascular disease that we see and having a hybrid theatre will benefit all these patients. We are aiming for shorter hospital stays with having to do one procedure instead of having multiple procedures. Obviously, patient's experience will be enhanced because they don't need to spend as much time and they don't need to go into different places. For us to be able to do the endovascular work, it means for the patient, it means they do not have to do an open procedure unnecessarily when we can facilitate it with a minimal entry point.

For the patients that unexpectedly come into hospital, for example, major aortic surgery, if we can facilitate doing it under vascularity, they will have a better recovery, less complication risk.

All the trainees will be finishing their training soon. They will be keen to practise this. The units which don't have this facility will struggle to find and attract enthusiastic and keen surgeons. Another aspect actually it helps us as a unit to be attractive from a training point of view. It will open a spectrum to fellowships, jobs on the training level to help improve the skills and the practise from that point of view as well.

I think hybrid theatre is very positive. From my personal experience, I only started here six months ago and one of the main reasons I started here was that I knew that the hybrid theatre was coming. So it worked for me and I think it will work for other people coming after me.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thank you. That was excellent. And if I would say that if the first example of a service change showed how quickly we can do things, I think the people involved in the team with the hybrid theatre would say how you need to be persistent when sometimes it doesn't happen straight away. So well done to Atiq and the team to deliver that. It reinforces I think the point that I would make for Dudley - Is that this is a fantastic facility to have in Dudley. It's the only one in the Black Country. I can't even reinforce the connection between having great state-of-the-art equipment and being able to attract the very best clinicians to provide these services to people in Dudley. It's a great thing. Well done.

Thank you. Let's then move on to our quality update, and we have Mary again. Welcome again to our wonderful chief nurse, who's going to talk to us about the quality account and our objectives and priorities.

SEXTON, Mary (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, chair. Thank you for the opportunity to share with you the quality account. But I think I'd like to start by saying that quality is very much a team approach and a team effort both by our patients in their feedback and how that helps conform to what we do. But also in the staff and the wider professional teams that work together consistently and constantly and strive to improve the experience of care and the safety of the care we provide.

I'm going to take you through some highlights from the quality account. Obviously, I can't possibly cover the quality account in full. That can be accessed via our website.

We will look back over 22-23, and also, towards the end on slide four, I'll actually talk a little bit about the priorities for 23-24. I'm very mindful that we're already halfway through that year.

So, this slide gives you an overview of some of the key contractual measures that we have in place and our performance against them over the year in question. Overall, we have made steady and sustained improvement across most of the continued and measured contractual measures. As we can demonstrate, we have good practise around infection prevention and control and the elimination of healthcare-acquired infection. Our seven-day hospital services and, indeed our same-day emergency care is an area that we have delivered against in full. And we have some further work obviously around some of the performance targets particularly related to the emergency demands on our front door. But we have sustained and or improved our position across the majority of the measures as outlined in the full account.

So what did we agree to do over 22-23? We had three clear priorities. And very much priority one was linked to our trust strategy around delivering a great patient experience. Whilst we didn't necessarily achieve all that we set out to achieve, we did make good progress in relation to greater involvement of patients and carers in both their care and their treatment decisions. We know that we have further work to do around communication, particularly around discharge. And again, whilst the improvement was made, it is not where we would like it to be.

And information around conditions and treatment was another area that, whilst we made improvements, we did not necessarily fully achieve where we wanted to be. And I think that just reflects some of the complexities around some of the treatments and pathways and access for patients that we deal with every single day.

We know that patient feedback is the most important indicator of quality of care and services. And complaints is only one way that we seek feedback, but we also know that we have further work to do to make sure that when we do receive that feedback through our complaints process, that we are timely in our responses back to either the patients, the families or carers or other colleagues that may have actually raised concerns. Once we have significantly reduced the outstanding backlog during the year, we still have some cases that we are still working with those families on.

In relation to our overall complaint closure response, we have made progress, but we still did not reached the 50% that we wanted to achieve. And I know, I say this all the time to my clinical teams, it is important that we achieve that 100% of the time and that is the ultimate goal, and that is why this area will remain a priority for 23-24.

So our next slide was priority two is about right care in the right place at the right time. And as you can see, all of those priorities around same day emergency care that were delivered in full over the year and that is something that I think we as an organisation have really focused in on to make sure that patients who don't necessarily need to be seen in our emergency department but can access timely urgent care through other pathways that we provide. And so really, really good progress in respect of supporting patients around same day emergency review and ensuring their ongoing care is in the appropriate speciality pathway.

Discharge management remains an area of concern for the Trust. And we did not meet the objectives that we set ourselves in full. That wasn't through due to any lack of effort or focus. I think it is one of those really, really difficult areas that we will continue to focus on. A lot of what we need to achieve is in some respects outside of the single control of the Trust. So we are working very closely with our primary care partners, our colleagues working out in the community and also our local authority colleagues to see how we might further strengthen the work that we do together so that patients don't remain in an acute hospital bed when they don't actually need to be here and that their care is appropriate and they are supported effectively within the community setting. So again, we will build on that during 23-24 as an ongoing priority.

Priority three was around reducing the incidence of pressure-related damage. Pressure-related damage comes due to deconditioning of patients, which increases their risk and particularly those patients who may have underlying long term conditions. That means that they've already got a reduced mobility. And what we have done over the 22-23 is really focus in on reducing the backlog of category three and four pressure ulcers, which we have now achieved. Whilst we didn't achieve it by the end of March 2022, we have achieved it by the end of June. We have robust processes in place to ensure that all cases are reviewed and that all learning is fully implemented and that's across both community services and our district nursing team as well as the inpatient hospital teams. We have reviewed all of the investigation and validation processes. We will now move to correlate the reduction of category one and two pressure-related damage so that we can focus more on preventative interventions as opposed to providing intensive support when instances occur so further work is ongoing. But we have made good progress over 22-23.

So as we move forward to 23-24, we have, in consultation with patient groups, Healthwatch and through our patient experience group, agreed that these will be the three key priorities for this year. They will build on the work that we've done to date, but they will also help us move that work forward and enable us to actually fully address the feedback that we've had from patients, families, and carers around these three areas. So, we are going to drive further improvements related to the inpatient survey, which is around communication, around discharge, but also making sure that our discharge processes are enabling patients to be home at the earliest opportunity.

We will be responding to feedback, and we will continue working with our divisions very closely to further reduce any backlogging complaints, but also ensure that we improve our compliance with patients getting a timely response when they should raise concerns.

In relation to treating patients in the right place at the right time, the priority will be completely and utterly focused on discharge and how we improve the experience of discharge for our patients and families and carers for access to Trust services. We have a very well-established discharge improvement group working very closely with our Chief Operating Officer and our Medical Director

to really strengthen clinical decision-making and ensure that patients are supported to go home at the earliest opportunity.

Our third priority, I have already referenced, relates to the reduction of instances of pressure-related damage and harm, and we will be very much working in our community services supporting our district nurses. I'm putting in more preventative interventions to try to reduce harm occurring in the first place, so that will be the work that will continue over the next 12 months.

Thank you. Very happy to stop there. I'm very conscious of time today but thank you.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thanks, Mary. Some really good results I think there, but also some areas that we need to do more work on and hope people will recognise that we by no means think we're perfect, but we're not moving away from those objectives and are going to redouble our efforts to deliver great services for our patients. So, thanks for that, Mary. Can we then move on to the Council of Governors update?

Alexander Giles – Lead Governor

Good evening, everyone. It's my pleasure to be speaking to you on behalf of our governors. So it was initially meant to be a face-to-face event, and I'm currently out of the country. I have a pre-recorded video message for you that I would like to play for you now. Thank you.

Video:

Good afternoon, everyone. On behalf of my fellow governors and myself, I would like to take this opportunity to thank you for coming along to this meeting. What a year it has been with lots of exciting and outstanding work taking place at our trust. I will now take a few moments to highlight some of these outstanding areas.

In the past year, my fellow governors and I have participated in key activities, including place audits, a patient LED activity, looking at the various aspects of the care environment, the Talk to US trolley provided an opportunity to speak to patients about their experiences of services, Quality and Safety reviews, and we have attended meetings of the Board and its committees.

We were also proud to be part of the Volunteers Week celebration and the Committed to Excellence Awards, a fantastic opportunity for us as governors to celebrate the tremendous work our volunteers and staff constantly do throughout the year.

One of the key responsibilities of the governor's role is the appointment of non-executive directors. This year we are pleased to have appointed Professor Gary Crow as Deputy Chair and Joanne Hanley and Professor Anthony Hilton as non-executive directors.

I would like to take this opportunity to welcome back Jill Faulkner and our newly elected governors, Clare Inglis, Mushtaq Hussain and Joanne Williams, to the Council of Governors. The trust will shortly start the election process for governor vacancies in the constituencies of Brierley Hill, Central Dudley, the rest of England, Stourbridge, Tipton and Rowley Regis. We also have a vacancy in our staff

constituency for nursing and midwifery. I encourage individuals to come forward and stand for elections in these respective fractions.

I would also like to give a special mention to our maternity services who have worked incredibly hard to achieve a good rating from CQC. Finally, I would like to thank my fellow governors and wider trustees for their continued support of our Council, as it allows us to continue to make our trust a great place to be.

Thank you for taking the time to listen to me. I wish you all a pleasant evening and hope you enjoy the wonderful activities planned for you later today.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

Thank you, Alex. Slightly disconcerting to have two Alex's on the one thing, but nice to see you, and I hope you're having fun wherever you are in the world.

OK, let's then move on to the more formal bit of the agenda. We've got some formal statutory reports that have been presented to you this evening - The Annual Report and Accounts and the Auditors Report upon them. They are all available on the website and we've had reports on all of them tonight. Can I confirm your approval of those reports?

Nods and thumbs up received as approval.

Thank you very much.

Right. So let's then move on to the question and answer. If people could indicate by putting their hands up if they want to ask a question. It's not mandatory, by the way, but it would be good if we get some sort of any questions people want to ask. While you're thinking about your question, I've got one that's already been sent to us. So I'll take that one while you're thinking about it.

it's from Bev Holder, chief reporter Express and Star, my question would be - how many consultants and junior doctors withdrew their labour this week, and what measures has the Dudley Group taken to safeguard patients and maintain services during the strike action? Now I'd like Karen, the Chief Operating Officer, to respond to that.

KELLY, Karen (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Thank you, chair.

So in terms of junior doctors or consultants, from the beginning, we never know how many are actually going to go on strike. And we've been instructed actually from NHSE until we get that prospective data, you know, we can't speculate in terms of numbers.

However, all of our rotas are reviewed every day. We meet two to three times a day in terms of any issues to raise during strike action, there have been no issues currently because all of our rotas have been filled that are necessary to give the minimum amount of cover to keep our patients safe. So that means that anybody who requires emergency care and ongoing treatment does receive those reviews from our medical staff who turn into work during the strike action.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

All I would say about this, and I guess we all believe this to an extent, this has gone on for far too long and with the best will in the world. Clearly, Karen and the team do everything they can to protect and support the services for our patients, but we do have to cancel people, and they're not treated. So, it's really, in my view, about time that the government got its finger out and sorted this issue out as we go into the winter, it's going to be increasingly difficult for our patients and the other staff to help.

HOBBS, Julian (THE DUDLEY GROUP NHS FOUNDATION TRUST)

Sorry, I'm struggling with technology. It hasn't happened before. I was just going to address the second point of the question about measures to protect patients. We've heard about the deteriorating patient pathway that's had a recent award. We've been able to track our sick patients within the organisation using this technology. We know that the patients are being escalated and identified. Have the same rate or earlier.

We've been tracking our mortality and cardiac arrests and emergency calls to patients, and we've seen no deterioration at all during the period of the strike, either during junior doctor's strikes or consultant strikes, and I hope that provides appropriate assurance.

NICHOLSON, David (SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST)

OK. Any other questions? I've got no hands coming up. We're all exhausted and overwhelmed, OK?

Well, thank you very much, everybody, for attending this meeting. It's a really important meeting in our calendar, a way in which we can account to our membership across Dudley and beyond. I hope you'll think that there have been some enormous improvements made for the people of Dudley. There's no shortage of passion and commitment to doing that in this organisation, but as I say, we're not perfect, and there are no doubt things we can improve. But thanks very much for your continued support. Thanks for making the effort to become a member, and hopefully, both from a membership point of view and governors, we can work closely together to improve services for the people of Dudley. Thank you very much, and goodnight.