



Board of Directors Meeting Public Papers

Thursday 8th May 2025 10:00 – 13:30

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



Images: Experience of Care Week | Nurses Day | Leadership Event – sustainability stand

PUBLIC SESSION

Board of Directors
Thursday 08 May at 10:00am
Clinical Education Centre, Russells Hall Hospital, Dudley

AGENDA

ITEM		PAPER REF	LEAD	PURPOSE	TIME
1	Chairman’s welcome and note of apologies	Verbal	Chair	For noting	10:00
2	Staff & Patient Story – Maternity Bereavement ‘Rainbow’ patient experience Claire McDiarmid, Director of Midwifery & Holly Haden, Bereavement Lead Midwife Introduced by M Morris, Chief Nurse				
3	Declarations of Interest Click here for Register of Interests		Chair	For noting	10:25
4	Minutes of the previous meeting Thursday 13 March 2025 Action Sheet 13 March 2025	Enclosure 1 Enclosure 1a	Chair	For approval	
5	Chief Executive’s Overview	Enclosure 2	D Wake	For information & assurance	
6	Chair’s Update - Public questions (as submitted)	Verbal / enclosure 3	Chair	For information	
6.1	Integrated Committee upward assurance report – Audit, Finance & Performance, Quality, People, Charity and Integration	Enclosure 4 <i>Committee quadrants in further reading pack</i>	G Crowe & Non-executive committee chairs	For approval	
6.2	Finance report Month 12 (Mar ’25) inc. Cost Improvement update	Enclosure 5	C Walker	For approval	
6.3	Emergency preparedness, Resilience and Response (EPRR) Strategy <i>Full strategy document in further reading pack</i>	Enclosure 6	K Kelly	For approval	
6.4	Annual Plan 2025/2026 <i>Full document in further reading pack</i>	Enclosure 7	A Thomas	For approval	

Comfort break (10 mins)

7.	Our Patients Deliver right care, in the right place, at the right time				11:40
7.1	Chief Nurse & Medical Director report <i>Full report in further reading pack</i>	Enclosure 8	J Hobbs / M Morris	For assurance	
7.2	Integrated Quality & Operational Performance Report (IQ & OPR) <i>Full report in further reading pack</i>	Enclosure 9	J Hobbs/ K Kelly/ M Morris	For assurance	

7.3	Perinatal Quality Report	Enclosure 10	C McDiarmid/ B Muamar	For assurance	
7.4	Winter Plan 2024/2025 debrief	Enclosure 11	K Kelly	For assurance	
7.5	ED / majors triage – improvement plan <i>Action from March 25 meeting</i>	Presentation	K Kelly	For assurance	
8	Our People Be a brilliant place to work & thrive				12:30
8.1	Workforce Key Performance indicators* <i>See full report in further reading pack</i>	Enclosure 12	J Fleet	For noting	
8.2	Performance Against Workforce Forecast <i>Full report in further reading pack</i>	Enclosure 13	J Fleet	For assurance	
8.3	Update on the Wellbeing Journey <i>Action from Jan '25 meeting</i> <i>Presentation in further reading pack</i>	Enclosure 14	P Massey	For assurance	
8.4	Freedom to Speak up Guardian <i>Deferred from March '25</i>	Enclosure 15	A Burrows	For assurance	
9	Our Place Build Innovative partnerships to improve the health of our communities				13:00
9.1	Dudley Health and Care Partnership Update <i>Additional documents in further reading pack</i>	Enclosure 16	K Rose	For discussion	
10	Governance				13:15
10.1	Strategy & Annual Plan progress report Q4 2024/25 <i>Full report in further reading pack</i>	Enclosure 17	A Thomas	For assurance	
10.2	Board Assurance Framework	Enclosure 18	H Board	For approval	
10.3	Remuneration and Nominations Joint Working Committee	Enclosure 19	V Randeniya	For approval	
11	Any Other Business - Delegation to Audit Committee for approval of annual report and accounts		C Walker	For approval	
12	Date of next Board of Directors meeting (public session) Thursday 10 th July 2025				
13	Meeting close				13:30
Quorum: One Third of Total Board Members to include One Executive Director and One Non-executive Director Items marked *: for noting and no time allowed on the agenda					

Unconfirmed Minutes of the Board of Directors meeting (Public session)
held on Thursday 13th March 2025 10:00hr
Clinical Education Centre, Russells Hall Hospital, Dudley

Present:

Liz Abbiss, Director of Communications (LA)
Karen Brogan, Interim Chief People Officer (KB)
Gary Crowe, Deputy Chair (CG)
Joanne Hanley, Non-executive Director (JHa)
Anthony Hilton, Associate Non-executive Director (AH)
Julian Hobbs, Medical Director (JHo)
Catherine Holland, Non-executive Director (CH)
Liz Hughes, Non-executive Director (LH)
Karen Kelly, Chief Operating Officer/Deputy Chief Executive (KK)
Mohit Mandiratta, Non-executive Director (MMA)
Martina Morris, Chief Nurse (MM)
Anne-Maria Newham, Non-executive Director (AMN)
Sir David Nicholson (SDN) **Chair**
Vij Randeniya, Non-executive Director (VR)
Kat Rose, Chief Integration Officer (KR)
Adam Thomas, Executive Chief Strategy & Digital Officer, Deputy Chief Executive (AT)
Chris Walker, Interim Director of Finance (CW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Rachel Andrew, Head of Learning & OD (RA) [for Gender Pay Gap Report]
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
Fouad Chaudhry, Consultant (FC) [for Guardian of Safe Working Report]
Jill Faulkner, Associate Director of Patient Experience (JF) [for the Patient Story]
Paul Singh, Head of Equality & Diversity (PS) [for Equality Delivery System Report]

Apologies

Peter Featherstone, Non-executive Director
Ita O'Donovan, Associate Non-executive Director
Diane Wake, Chief Executive

Governors and Members of the Public and External attendees

Sandra Harris, Public Elected Governor, Central Dudley
Phil Tonks, Public Elected Governor, Brierley Hill

25/16 Note of Apologies and Welcome

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

The Chair congratulated MMA on his recent milestone birthday.

25/17 Staff and Patient Story – Patient Experience during Winter

The meeting was joined by Jill Faulkner, Associate Director of Patient Experience who presented the Patient Story.

The presentation provided information on patient feedback received during January and February 2025, both positive and negative and the actions that had been taken to address concerns.

The Chair asked about JF's and staff frustrations. JF commented that changing culture around Patient Experience was key.

KK added that staff are sometimes forget about how their remarks can be taken when under pressure. She confirmed that the Trust was undertaking targeted work around GP referrals going straight to specialties.

VR raised the larger issues such as frustrations raised from using paper based systems. JF confirmed that it was not a theme for the Trust.

MM added she was reestablishing the fundamentals of care within the organisation.

AH asked about the profile of complaints against interactions and secondly about leading indicators and intervening before an issue became a complaint. JF confirmed that contacts were triangulated and there was an early sense of hot spot areas.

KB added HR also supported the delivery of fundamentals of care and shaping the culture of the organisation and improving the experience for our patients.

JHo welcomed the powerful stories and emphasised the larger opportunity to improve the experience for all of our patients and it started with the Board. A key highlight from Greatix was the importance of good communication and emphasised the need to apply our compassion and empathy with all patients.

LH referenced the case study described and noted that there was a programme around rare conditions presenting in ED and felt it could be revitalised. JHo agreed that it is important to have an awareness of what the presentation could be.

AT confirmed that work was progressing work in ED around rare presentations.

The Chair thanked JF and her team for the fantastic work they did for the patients of Dudley and asked for all to reflect on our experience improvement plan.

It was **RESOLVED** to

- Note the patient story

25/18 Declarations of Interest

The Chair declared that he was the shared Chair of Sandwell and West Birmingham NHS Hospitals Trust, Royal Wolverhampton NHS Trust and Walsall Healthcare Trust. The Declarations of Interest Register was available on the Trust website.

The Board noted that LH would step down from her NHS England role at the end of March and was scheduled to take up a Director of Research post at the Sandwell Trust from April 2025.

25/19 Minutes of the previous meeting held on 9th January 2025

The minutes of the previous meeting were approved as a correct record. It was noted that following an audit of the Board minutes for the current financial year, it should be recorded that KK was present at the meetings held on:

2nd May 2024, Extraordinary Board
9th May 2024, Private Board
13th June 2024, Private Board
11th July 2024, Private Board
9th January 2025, Private Board

It was **RESOLVED** to

- approve the minutes of the last meeting and note the corrections as given in the preamble to this minute

Action Sheet of 9th January 2025

Date for the Wellbeing Staff Story to be confirmed.

25/20 Chief Executive's Overview and Operational Update

KK summarised the Chief Executive's report given as enclosure two and highlighted the following key areas:

The Board noted the comprehensive Dudley Place update.

KK highlighted the Work Well scheme which focused on getting people back into work.

The Trust continued to exceed its trajectory for recovery and restoration.

There remained an issue with ambulance handovers. There had been a visit by NHSE the previous day who would feedback on their findings. There was ongoing work with ED and the Medical Division to consider what could be done differently to improve ambulance handovers.

Cancer performance remained strong and good achievement of all trajectories. Noted the Trust performance of 85% for DM01.

Board members noted that the Glitter Ball would take place on 25th September 2025. Refurbishment of the ED Paediatric cubicle had received good coverage on social media.

MMA congratulated the roll out of the Work Well scheme adding his view that it was a fantastic initiative.

LW raised handover delays and triage and asked about the reasons that it continued to be an Achilles Heel. KK confirmed that the problem was potentially with majors triage; the NHSE team had highlighted issues with our triage process that provided a full assessment and it would be an area of focus. In response to a further question about improvement seen by the next Board meeting, KK confirmed that there would be rapid action taken to improve streaming at the front door and make adjustments to our majors triage process.

The Chair commented that ambulance handovers had been a long standing issue that required rapid action and effective impact within ED and requested a trajectory of improvement actions to be presented at the next meeting of the Board.

JHo confirmed that the Trust had appointed a new Vascular Surgeon that was having a major impact.

It was **RESOLVED**

- To note the report and assurances provided

Action ED majors triage - provide an improvement plan at the next Board meeting **KK**

25/21 Chair's Update

Public Questions

The Chair presented the Public Questions, given as enclosure three.

Fred Allen, former Lead Governor had asked “what steps the Trust is taking to improve the patient discharge from hospital. This appears to be a national problem.”

KK responded that discharge from hospital remained a national problem and was an issue at Dudley and was something that had significant external influence and there were also many things that the Trust could do internally to improve the situation. The Trust had hosted a number of Multi Agency Discharge Events (MADE) that had involved the Local Authority, ICB and other partner agencies in expediting patients discharge from hospital with appropriate provision in the community; the most recent of these had focused on the Surge and Discharge Lounge areas. All medically fit for discharge patients were tracked carefully by the discharge facilitation team when care input was required and where there were delays in its provision, escalations were made to the relevant authority.

The Trust had also worked in partnership with How to Find a Care Home to bridge packages of care with confirmed start dates in the community to enable them to leave hospital prior to the care commencing; the initiative had launched week commencing 3rd March and was working well to date.

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

CW responded that on 14th September 2023 the Board was informed that the contract with Persimmon (which includes Charles Church Homes) to promote residential development of Corbett Meadow had expired.

Weeks later in December 2023, representations on the Draft Dudley Local Plan were submitted on behalf of Charles Church and the NHS Trust promoting residential development of the Meadow; and in November 2024 further representations (published on 14th February 2025 when the Plan was submitted for Examination) were submitted on the Publication of the Dudley Local Plan, again on behalf of the Trust and Charles Church, and again promoting residential development of the Meadow.

Lance had asked “who authorised the commissioning and submission of these representations on behalf of the Trust?” CW confirmed that this was authorised by the Board.

Lance had also asked “what was the cost to the Trust, if any, for commissioning and submitting these representations?” CW confirmed that there was no cost to the Trust.

Lance had also enquired if “all Board members individually or collectively were aware of this commission, and do they accept responsibility for it?” CW confirmed they were.

Lance had asked “will the Trust, either in its own right or through another party, be pursuing these representations at the now ongoing examination of the Dudley Local Plan?” CW confirmed that it would be.

Chair's Update

The Chair raised the issues of matters arising in the wider NHS with a number of announcements as the day had progressed. He noted that after any change of Government, the position of the leadership of the NHS has consistently been under question. At the same time the Government perceived a complexity in the delivery of care between the Department of Health and NHS England and they were

determined to correct this. They also wanted to confirm the delivery system to be identified in the NHS Plan. The Planning round had been particularly difficult and the Government wanted to take action now with a 50% reduction in the funding of the Department of Health and NHS England and further announcements would be made in the coming days. The 50% reduction also applied to ICBs.

It was not yet clear how the changes would involve. Jim Mackey was establishing his Executive Team to drive forward the change. There was an expectation that we must deliver our targets. There was an issue with the configuration of services across the West Midlands. There would be people that we worked with on a day to day basis that would lose their jobs and we need to remember this with kindness.

He concluded that there was an expectation for a 50% reduction in Corporate Services within trust's and confirmed that planning was well advanced.

It was **RESOLVED**

- To note the public questions and responses provided

25/22 Integrated Committee Upward Assurance Report

GC introduced the report given as enclosure four including upward assurance from each of the Committees, Finance & Productivity, Quality, People, and Integration. Non-Executive Committee Chairs were invited to raise any particular items for escalation to the Board.

GC summarised the following key areas to assure, advise and alert for Board members to note:

Assure

Each of the Committees had paid close attention to a range of items and have noted positive assurances in relation to the Trusts assessment against the Darzi review recommendations, progress made with the Maternity Delivery Plan and the performance improvement seen with the Black Country Pathology Service. Similarly, reasonable assurance was assigned following close scrutiny of the national reporting related to Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender pay gap and the Equality Delivery System that continued to illustrate the focussed efforts of the Trust.

Given the considerable levels of non-elective and elective activity over the Winter period, performance against constitutional and performance standards was commended and underlined by an overall positive report back from the Surgery, Women and Children's Division. Substantial assurance was assigned for cyber security management noting the Trusts approach to developing and implementing robust plans.

Advise

In considering the performance against the workforce forecast, Committees were able to assign reasonable or partial assurance and noted the 3.5% variance from plan for substantive workforce reduction after allowing for MMUH, income backed developments and Deanery doctors. Good progress was noted in relation to developing and maturing relationships with Place partners with Community Partnership Team (CPT's), which is our local Neighbourhood teams model, having continued to transform and with Respiratory focused CPT's being embedded across all six Primary Care Networks to support pressures in the system over Winter.

Pre-release data unfortunately indicated a rise in Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratios (HSMR), especially for Stroke and Sepsis. The fractured Neck of Femur position continued to improve.

The Perinatal Quality Surveillance Dashboard was closely scrutinised by the Quality Committee and a summary of the key information that the Board were to be sighted on was contained as an appendix within the committee Chairs upward report.

Alert

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

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

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

The Board noted that a redacted version of the Perinatal Quality Dashboard was contained within the further reading pack, the full report having been scrutinised at the Quality Committee.

LH raised the issue of the increased number of pressure ulcers particularly in the Community and noted the Trusts plan to adopt a model of rotating Acute staff into the Community and were working with the ICB on an improvement plan. There had been challenges with timely observations or uploading them due to capacity pressures and efforts to introduce an IT solution to improve this were underway. The Committee was assured around the processes in place. MM commented that there had been a fragility within the Tissue Viability Team which was now much improved. A decrease in incidents had been seen in February and work continued with Divisions to improve observations noting that there may be a requirement for additional devices on wards.

GC requested the issues flagged to Board were considered as part of the Winter Plan debrief.

In response to comments by LW noting that the Trust had entered Winter with weak assumptions, KK confirmed that this would be in the future adding that work was underway with the Sandwell Trust.

Action issues relating to the impact of quality be considered as part of the wider Winter Plan debrief. **KK, MM, JHo**

It was **RESOLVED** to

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

25/22.1 Joint Provider Committee – Report to Trust Boards

GC introduced the report that had been prepared to provide all partner Trust Boards of the Black Country Provider Collaborative (BCPC) with a reminder of key messages from the Joint Provider Committee meeting held on 15th November 2024 as follows:

- A progress update from the BCPC CEO Lead with a particular focus on progress with financial Recovery Programme (FRP) delivery, pursuit of Elective Hubs as part of Elective recovery, and key forthcoming events.

- Progress update on the Corporate Services Transformation work, with a focus on the preparations for the second Engagement Workshop.
- Agreement on the key parameters for the 'Delivery Partner' specification, which is to be progressed as a matter of urgency.

A Joint Board Workshop was scheduled to take place on 21st March and would cover the plans and intentions for the year ahead.

In response to LW query, GC advised that there would be a procurement exercise to procure a Delivery Partner with contingent pay arrangements.

It was **RESOLVED** to

- Receive the report as a summary update of key discussion at the 15th November meeting
- Note the key messages, agreements and actions.

25/23 Deliver Right Care Every Time

25/23.1 Chief Nurse and Medical Director Report

MM and JHo presented the combined Chief Nurse and Medical Director Report given as enclosure five that focussed on the quality metrics.

The Trust had undertaken a review against the Lord Ara Darzi's report (2024), which presented an update on the national picture of patient safety in England with reference to National State of Patient Safety 2022: What we knew about avoidable harm in England. This report presents the Trust's data, detailed progress in key areas for improvement and made a series of recommendations to further drive forward patient safety in the Trust and wider system.

Assure

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

Advise

The breadth of patient safety data needs to increase. The Trust had identified some opportunities to strengthen data collection and analysis across the entire patient journey and not just hospital admission.

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

A Workforce Plan for the NHS and Social Care system was urgently needed. The CMO and CNO would support this position and have been working to strengthen multi-disciplinary teams across the Trust. Job Planning was well embedded in the organisation across Allied Health professionals and medical workforce achieving 92% compliance. Despite the financial challenges, innovative workforce plans were encouraged, and critical clinical posts had continued to be approved.

Integrated Care Systems need to play a central role in monitoring patient safety. The Trust was well represented at ICB led meetings and one of the Trust's Deputy Medical Director's is a joint Chair of the System Mortality Group. CQRM was an active and productive forum and provided challenge around both safety and quality at the Trust. There was an opportunity to work alongside the ICB to ensure the whole patient journey was considered in terms of safety.

Progress in the safety of maternity services needs to accelerate. The CMO and CNO could provide positive assurance associated with the improvement journey undertaken by maternity and neonatal services over the last 18 months and was supported by the data presented in the report.

Next Steps

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

Alert

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

The Chair welcomed the substantial piece of work. AMN commented of the detailed scrutiny at Quality Committee. MM commented on the positive reinforcement and use of Greatix. VR commented on the role of the ICS and how the oversight would need to be reprofiled.

The Chair thanked JHo and MM for their comprehensive report.

It was **RESOLVED** to

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

25/23.2. Integrated Quality and Operational Performance Report

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

The report summarised the Trust's Quality and Performance data for the month of January 2025 (December 2024 for Cancer and VTE). The Board noted that the associated data pack was included the reading room.

Assure

Quality:

Dementia care: A flaw in the data from Sunrise had been identified that resulted in the reduced compliance reported in previous months. Following correction the compliance rate for January was 97%.

Gold Standards Framework (GSF): The GSF bundle was in the process of being digitised for Sunrise with a go live date awaited. An 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 would work with Divisional leads to provide focused 'back to basics' training to high-risk areas. Regionally, organisations had seen a similar picture regarding increased in falls over the winter period.

Eat, Drink, Dress, Move initiative (EDDM): 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 was demonstrating a significant change to the levels of activity of patients on the target wards.

The EDDM team had 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, would 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 was 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 would deliver 2 half hour sessions of daily activity following adequate training and continual support from registered staff. The process of recruitment was now underway with 14 volunteers identified. The project once initiated would involve data collection over a 6-month period in relation to patient's balance, mobility and strength. The team was 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.

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%. Thirty one day combined decision to treat performance achieved 94.3% in December against the national target of 96%. Surgical and diagnostic capacity and Black Country Pathology Services (BCPS) reporting delays impact performance. Thirty one day trajectory to achieve 96% submitted to ICB. Performance against the 62 Day combined target achieved 80.5% in December which remained 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 continued to perform well at 95% or above. Sleep Studies, Cardiac MRI and Cardiac CT remain challenged. Non-obstetric Ultrasound (NOUS) had seen a reduction in 6-week breaches.

Elective Restoration and Recovery: January showed continued improvement in the RTT performance, with zero 65-week breaches reported for the month. Fifty two week performance remained good with overachievement of trajectory; the end of December position being 570 pathways ahead of plan. There was focus 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. There was increased bank use across nursing and support workers to support additional patient occupancy and increased staff sickness. Corporate teams continued 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 had maintained a zero use of nursing agency staff. Use of additional bed capacity was 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 (PUs): An increase in reported pressure ulcers was observed. Sixty six of the 229 PUs reported went to investigation and only eight were deemed moderate harm. The Trust was 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 children and young people (CYP) referrals, January saw a significant increase which may be attributed to children returning to school and correlates with the rise in mental health CYP attendance.

The safeguarding children team had 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 was 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: January activity saw 8,790 attendances. This had decreased when compared to the previous month of December with 9,337. Eleven out of the 31 days saw >300 patients with 3031 patients arriving by ambulance; an increase from the 2948 ambulances that attended the previous month. 601 of these offloads took >1hr (20%); an improvement when compared with last month's performance of 33%.

Cancer (Data to December): Since October 2023 National Cancer Constitutional standards now monitored 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.

Thirty one 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 was 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 six weeks.

Elective Restoration & Recovery: 52-week performance remained good. The Trust continued 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 had now exceeded the Trust's threshold which was the case in all acute providers in the system with a review being planned. The latest version of IPC BAF was located in the reading room associated with the meeting. The Trust has been commended by the system Immunisation Board for our success with vaccinations within maternity.

It was **RESOLVED** to

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

25/23.3 Learning from Deaths

JHo presented the Learning from Deaths report given as enclosure seven. The Board noted the following key highlights:

Assure

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

Advise

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

Alert

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

Deteriorating Patient Pathway compliance remained good and the Trust was correlating data to ensure there were no lapses in care. The medical examiner performed well and had recently agreed a weekend service. There were no regulation 28 notices from the Coroner since 2018.

The Chair asked about the weekend medical examiner service. JHo outlined the position and confirmed that 50% of Trust's in the West Midlands have a weekend service. All four Trust's in the Black Country had agreed to offer a weekend service.

It was **RESOLVED** to

- Note the ongoing work in relation to mortality in the Trust

[There was a short comfort break]

25/24 Drive Sustainability, Financial and Environmental

25/24.1 Finance and Productivity Matters

25/24.1.1 Finance Report Month 10 (January 2025)

CW presented the Month 10 (January 2025) Finance Report given as enclosure eight. The Board noted the following key highlights:

Assure

1. The Board was asked to note the Month 10 (January 2025) Trust financial position. After technical changes the January cumulative position was a £3.250m deficit. This position was £0.166m better than the updated phased plan agreed by NHS England in September.
2. The Trust was forecasting to will achieve its 2024/25 financial year planned deficit of £1.59m after technical adjustments.
3. The Trust was forecasting a healthy cash balance for the 2024/25 financial year following receipt of deficit funding cash.
4. The Trust was forecasting achievement of its revised capital plan for 2024/25.

Advise

1. The Black Country Integrated Care System had received £119.2m of non-recurrent deficit funding from NHS England. This System's financial plan was now in a breakeven position. Revised phased plans have been submitted to NHS England for all providers. The Trust's revised financial plan was now a £1.590m deficit (previously £32.565m).
2. The Board is asked to note the Black Country Integrated Care System January 2025 financial position and year end deficit plan of breakeven. The January position was £15.47m worse than the revised plan agreed with NHS England in September. Following a forecast review by the System several providers were reporting they would not achieve their financial plans. The Integrated Care Board had identified non-recurrent items to mitigate some of this non-delivery with the remainder being allocated to providers to achieve stretch targets on their financial plans.

Alert

1. Performance against the Elective Recovery Fund continued to be positive against the NHS England plan in January however the Trust has fallen behind its internal forecast this month.
2. Pay expenditure to the end of January showed an overspend of £10.84m against plan. Substantive whole time equivalent reductions were not achieved compared to the January plan after taking into consideration income backed workforce additions. Bank expenditure continued to be very high because of continued emergency activity pressures which includes the continued operation of un-funded surge beds to cope with these pressures.
3. The Trust had underachieved on the Cost Improvement Programme plan as at the end of January by £0.261m.
4. Currently there was a forecast shortfall on delivery of the Cost Improvement Programme of £0.69m.
5. Both the Medicine Division and Surgery Divisions did not achieve their financial forecast positions for January. Continued cost pressures associated with emergency activity and a shortfall on Elective Recovery Fund performance against forecast were the main contributors

to the position. Both divisions would need to recover the shortfall seen in January over the remaining two months of the financial year for the Trust to achieve its financial plan.

In response to LW questions about surge beds. KK confirmed that half of the beds had closed and were being used as discharge beds during day time; the team were focussed on closing the remaining beds. CW confirmed that there was a confidence around meeting the planned target. LW acknowledged the tremendous achievement.

It was **RESOLVED** to

- Note the financial performance for Month 10 (January 25) and the reported Trust and System 2024/25 financial year end position

25/24.2 Winter Plan

Report deferred to May 2025 meeting.

24/24.3 Emergency Preparedness, Resilience and Response (EPRR)

KK presented the EPRR report given as enclosure nine, including the matters for assurance, advisory and for alert:

Assure

NHS England's final assessment for 2024 stated that the Trust was 'Partially Compliant' at 84% against the Emergency Preparedness, Resilience and Response (EPRR) Core Standards; an increase in compliance from 77% in 2023. The assessment consisted of 52 'Fully Compliant' standards and 10 'Partially Compliant' standards.

Advise

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

LW confirmed that Finance Committee had asked for a deep dive into the standards and submission before it was made.

It was **RESOLVED** to

- be assured that the EPRR Team has mitigated against areas for improvement identified in the 2023 EPRR Core Standards process and be advised of the Trust's final outcome from the 2024 EPRR Core Standards

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

25/25.1 Workforce KPIs

The report was included in the further reading pack. KB raised the continued increase in sickness absence. A slight reduction was noted and the need to sustain performance.

Long term sickness absence was in a stable position. A task force had been established to focus on short term sickness absence. VR commented that the BAF had been amended to reflect the situation.

25/25.2 Performance Against Workforce Forecast

KB presented the Performance against Workforce Forecast report given as enclosure 10 and highlighted the following:

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 the performance until the end of January was significantly off target.

Variance to plan:

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

Breakdown

Substantive was 228.02 WTE away from plan (4.0%). Accounting for MMUH, Income backed developments, deanery doctors it was 200.81 WTE (3.5%). Adverse financial variance had increased from £3.142m to £4.153m (of which £1.66m related to the CSW band 2 to 3 issue)

Bank was 151.08 WTE away from plan (32.9%). Accounting for MMUH, Income backed developments, ERF, and escalation capacity it was 59.86 WTE (13.0%). Adverse financial variance of £6.17m.

Agency was below target by 1.62 WTE, with a cumulative overspend of £521k. Agency usage remained very low with Trust spend of 0.7% of pay bill versus the target of 3.2%.

Position since March 2024

Movement in total workforce (included substantive, bank and agency since March 2024 is (6289.5 to 6534.66) +245.16 WTE (3.9%). Accounting for DIHC it became +44.68 WTE (0.7%). Accounting for MMUH, Income backed developments, deanery doctors, ERF, and escalation capacity, (118.43 WTE) - a reduction of 73.75 WTE (1.2% reduction).

The workforce forecast would not be achieved across 2024/25. Pay pressures were being negated by improved income performance, with significant over-performance on ERF.

The Chair stressed that lessons must be learned for 2025/26 planning.

It was **RESOLVED** to

- Receive the report for assurance

25/25.3 Staff Survey Results

RA presented the Staff Survey Results. The Board noted the following key highlights:

- 4% increase in response rate
- No significant change to scores
- The 3 year trend was positive
- Significantly better in 4 people promises
- Recommend to care score had declined

- Recommend to work had remained above trend
- Divisional response rates all improved
- Corporate Division performed above benchmark for people promises
- Reduction in scores for having a voice in Finance and HR Directorates
- Challenges in Pharmacy, Phlebotomy, Urgent and Acute Care, Outpatients and Health Records
- Line manager scores in ED had improved significantly
- Neonatal scores had also significantly improved
- Overall stable results and was a positive given the challenging position
- Bullying and Harassment was the single goal for improvement in the next survey

The Chair raised an issue with the data having not been considered by the People Committee. He commented that it was very important to engage our staff in change.

CH endorsed the approach of targeted actions.

JHo asked if we improved the results in Medicine what would happen to our scores. RA confirmed that the overall scores would significantly improve.

GC advocated a large uplift to the trajectory we were trying to achieve. The single biggest driver for improvement was down to managers and appraisals.

The Chair thanked RA for the analysis and noted that the People Committee was to further interrogate the results including the DIHC results.

It was **RESOLVED** to

- Note the national Staff Survey results

25/25.4 Gender Pay Gap

KB presented the Gender Pay Gap Report given as enclosure eleven. The Board noted the following key highlights:

Assure

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

Advise

Trust 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 was 21.3% in March 2024, showing a decrease since March 2023 of 2.1% when the gap was 23.4%. The median pay gap was calculated as the percentage difference between the mid-point hourly salary for men and the mid-point hourly salary for women. The mean Gender Pay Gap was the difference in the average hourly pay for women compared to men within an organisation.

Alert

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

AH commented that the detail became lost in the overview. KB confirmed that the EDI Steering Group looked at the data in detail. CW commented that it would be helpful to have a benchmark. KB confirmed that we were highest in the Black Country but there was no national benchmark. CH agreed that it was important to focus on the breakdown to ensure the information was useful to us.

JHo added that the pay gap in the Consultant body is real and was a systemic issue.

It was **RESOLVED** to

- Approve the report for publication

25/25.5 Equality Delivery System

KB presented the Equality Delivery System Report given as enclosure 11(a). The Board noted the following key highlights:

The Equality Delivery System (EDS) was an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It formed part of the NHS Standard Contract and required NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading. The EDS would also support the Trust in demonstrating compliance with the Public Sector Duty (PSD). A renewed EDS was published in August 2022, with a requirement to undertake the process and publish a report annually. This was our second EDS annual report.

Advise

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

Alert

To ensure an improvement in the Achieving grade status, the Trust would:

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

It was **RESOLVED** to

- Approve the evaluation report

25/25.6 Freedom to Speak Up Guardian Report

Report deferred until the May Board meeting.

25/25.7 Guardian of Safe Working Report

FC presented the Guardian of Safe Working Report given as enclosure 12. The Board noted the following key highlights:

This is the 7th report from the Guardian of Safe Working (GoSW) and covers the period between 2nd July 2024 and 16th February 2025.

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

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

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

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

MMA commented on the responsibility when starting as a Foundation Doctor and the importance of senior support was key.

LH commented that some Medical School graduates were better prepared than others.

It was **RESOLVED** to

- Note the assurance provided

25/26 Governance

25/26.1 Strategy & Annual Plan Progress Report – Q3 2024/25

AT presented the Strategy and Annual Plan Progress Report for Quarter 3 given as enclosure thirteen. The Board noted the following key highlights:

Assure

Mortality performance continued to be good. Continued reduction in DNA rate for outpatients and theatre utilisation above England average. Vacancy rate remained 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 in the quarter with challenges remaining in some specialties.

Alert

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 showed a reduction of 1.5% but in order to achieve net zero trajectory, an annual reduction of 5.4% was required.

It was **RESOLVED** to

- To note the Strategy progress report for Q3 2024/25

25/26.2 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) given as enclosure 14 that summarised the changes since the last report – January 2025:

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

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

Responding to the request for increased cross Committee oversight of risks, each BAF risk was summarised in the document for the reporting period.

It was **RESOLVED** to

- Approve the updates made since the last meeting and note the ongoing work to embed effective risk management with further Board development workshop activity being scheduled for 2025/26.

25/26.3 Preparing for a CQC Well-led Review

HB presented the report given as enclosure 15 noting that in April 2023, the Care Quality Commission (CQC) published a revised approach to regulation which included a new assessment framework. In April 2024, the CQC published new guidance for Trusts on assessing the well-led key question under the new approach.

The previous key lines of enquiry (KLOEs) had been replaced by quality statements of which there were eight within the well-led question. Under the new approach, an overall rating would be provided for the well-led question with an overall score calculated from those individual scores provided against each of the statements, explanatory 'judgement statements' and a summary of key evidence findings.

In line with best practice, regular developmental reviews of leadership and governance should be undertaken. It was proposed the Trust Board undertook a self-assessment against the eight quality standards under the well-led question during Q4 24/25, this would consist of individual Board members completing a self-evaluation questionnaire and the results being collated and presented to the full board for discussion and challenge.

Having established an agreed baseline, the plan was to commission external support to work with the Board to identify the areas for focus and development.

CH asked if the Trust could work with Sandwell to test each other's readiness rather than appointing an external review.

GC commented on the increased number of surveys currently and asked that Board members find the time to complete them to ensure we use the learning from them.

MM asked about testing with then wider management structure. HB confirmed that we were considering how we do this.

LW asked about the overall CQC rating. It was noted that the rating had not been revised since the last visit in 2018 and in particular Imaging adding that there had been significant improvement and repeatedly requested that the CQC revisit.

It was **RESOLVED** to

- Complete a self-assessment against the CQC's eight well-led quality statements during March 2025 and consider the findings at the June Board Workshop and support the proposal to commission an external provider-level well-led developmental review

25/27 Any other Business

There was none raised.

25/28 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 8th May 2025.

25/29 Meeting Close

The Chair declared the meeting closed at 13:20 hr.

.....
Sir David Nicholson

Chair

Date:

Action Sheet

Board of Directors Held 13th March 2025

PUBLIC SESSION

Item No	Subject	Action	Responsible	Due Date	Comments
25/02	Staff and Patient Story – Wellbeing	Update on the Wellbeing Journey, to include the wellbeing offering to other staff groups	K Brogan	May 25	Complete on agenda
25/22	Winter Plan de-brief	To include issues flagged in the committee upward assurance report related to the impact on quality.	K Kelly, M Morris, J Hobbs	May 25	Complete on agenda
25/20	Chief Executive's Overview and Operational Update	ED majors triage – to provide a trajectory of improvement for the next Board meeting	K Kelly	May 25	Complete on agenda

Paper for submission to the Public Board of Directors on 8 May 2025

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

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

- Research & Innovation

Advise

- Leadership update at The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust
- Operational Performance
- Black Country Provider Collaborative
- Getting it Right First time
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

Alert

- Regulation 28 Prevention of Future Deaths notice (PFD), issued in April 2025.

2. Alignment to our Vision

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

3. Report journey

Board of Directors

4. Recommendation(s)

The Public Trust Board is asked to:
a) Note and discuss the contents of the report

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation

Research and Innovation

As a department we have continued to enhance our portfolio of achievements and celebrations.

Publications

Publications in high impact journals continue to grow and are recorded by our medical library. Examples include:

A recent major paper was accepted and published in the British Medical Journal by Matthew Popplewell, Consultant vascular surgeon, Assistant Professor of Vascular surgery, University of Birmingham (BASIL Prospective Cohort Study).

Palliative Care Congress 2025 – a total of 10 abstracts accepted.

European Association for Palliative Care Congress in Helsinki, oral presentation accepted (May 2025).

Research Studies

Many new studies providing the opportunity for patients to access new treatments and interventions, to include:

OPTIMA – Principal Investigator, Dr. Vipin Kuriakose, Consultant clinical Oncologist. Second highest recruiter in West Midlands for this study (personalised treatment of early breast cancer).

NAZA study – Principal Investigator, Dr. Shani De Silva, Gastroenterology Consultant. Star recruiter award (Crohn's disease and Ulcerative Colitis).

The NHS Cancer vaccine Launch pad (CVLP), Principal Investigator Mr. Akinfemi Akingboye, Consultant laparoscopic colorectal and General Surgeon.

Innovations

Forty one innovations registered, 25 completed and implemented within services to include: digital, education and patient pathway projects e.g. virtual ward.

Successful Grant Applications

One hundred thousand pound UK bid from IBUS (Intestinal Ultrasound for the monitoring of bowel inflammation in primary cholangitis associated inflammatory bowel disease), this is a multicentred study with Dudley Group NHS FT as a study centre. Principal Investigator, Dr. Shani De Silva.

Three hundred and twenty thousand pound Capital Investment Funding bid success for refurbishment of our research laboratory, to enhance research capability at Russells Hall site, with a focus on vascular, colorectal and cardiology specialities which are research active and are continuing to grow at pace.

Special Recognition

Dr Sunil Nadar, Consultant cardiologist, appointed as West Midlands Regional Research Delivery Network Cardiovascular Speciality Lead.

Leadership update at The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust

I am pleased to announce four appointments to my executive team structure. These group roles will work across both Dudley and Sandwell and West Birmingham to enhance our capabilities, streamline operations, and ultimately improve the quality of care we provide to our patients.

To lead this transformation, we have appointed key leaders who will play pivotal roles in moving our organisations forward.

Rachel Barlow will be Group Chief Development Officer, looking at regenerative opportunities with wider partners and focussing on how we use our estate in order to maximise productivity and create environments to support high quality care.

James Fleet will be Group Chief People Officer, with a focus on our most important asset – you. His focus will be on wellbeing, optimising our workforce and developing a positive workplace culture.

Adam Thomas will be Group Chief Strategy and Digital Officer, spearheading our strategic planning and digital transformation efforts, looking at how we can optimise technology to enhance patient care and operational efficiency.

These roles will all start on 1 April.

Laura Broster will join the organisations on 1 June as Group Director of Communications, managing our internal and external communications, to ensure that staff have the information they need to deliver high quality care and that our patients and local communities feel informed, engaged and connected with our organisations.

I have also appointed Deputy Chief Executives in each organisation, Karen Kelly who is Chief Operating Officer at Dudley Group and Mel Roberts, who is Chief Nursing Officer at Sandwell. These are for an initial 12-month period.

Operational Performance

18-week performance continues to improve and is now at 59.9% for March 25 against the end of year target of 64.2%.

Recovery & Restoration / Operational Performance

March has shown continued improvement in the RTT performance. Unfortunately, 2 65-week breaches were reported at the end of the month. One patient breached as we were unable to provide complex endometriosis surgery, due to sickness of the only surgeon able to undertake this complex procedure. Patient 2 was a gastroenterology patient, whose procedure was deferred in order to treat a more clinically urgent patient. Mutual aid options were explored for both patients. 52-week performance has shown some deterioration in month against trajectory. Given the high activity level delivered in March, further work is underway to understand and rectify the cause of this adverse variation.

Ambulance Handover

This month's activity saw 10,120 attendances. This has increased when compared to the previous month of February with 8,402. Twenty one out of the 31 days saw more than 300 patients; 3,215 patients arrived by ambulance; this shows an increase from the 3,189 ambulances that attended last month. Five hundred and twenty nine of these offloads took <1hr (16%). This is the same as our performance when compared with last month's performance of 16%. Over the month, the average length of stay (LOS) in ED was 210 mins for non-admitted patients and 450 mins for those waiting for a bed following a decision to admit. This represents an improvement when compared to last month where the LOS was 217 mins and 469 mins, respectively.

Cancer performance

28-day Faster Diagnosis Standard (FDS)

Performing well at 87.1% and remains above national target of 77%.. Increased focus on individual tumour site pathways.

31 day combined

31 day combined achieving 93.6% against national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. 31 day trajectory to achieve 96% submitted to ICB. Renal and skin are tumour sites most challenged.

62 day combined

Achieved 70.5% and remains above NHSE target of 70% by end of March 2025. (This target does not supersede the 85% constitutional standard but set to support tiering measures for cancer performance).

Late Tertiary referrals closely monitored. Primarily urology, colorectal and lung. Actions in place to reduce. Cancer performance is reviewed at Regional Performance Tier Calls with NHSE.

Black Country Provider Collaborative – April 2025

The following are the key messages from the 7th April 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:
 - **Clinical Improvement programme** – The BCPC CMO presented a summary report highlighting the key progress reported at the recent monthly Clinical Network meetings. Key highlights include:
 - **Breast Service developments** – work is progressing at a pace to draft a business case in support of the Breast DIEP reconstruction service, with work on track to share in late May / early June. A further workshop will be progressed to explore deeper the concept of the Breast Unit consolidation in late May / early June to ensure input, buy-in and ownership of the preferred solutions.
 - **Colorectal** – the Clinical Leads will be discussing and agreeing a way forward with colleagues on the current 'double-FIT' testing (and its implications) in addition to refocusing on assessment against NBOCA data.
 - **Gynaecology** – work continues to on the development of a single Endometriosis Centre for the Black Country, to comply with future national requirements. Focus will also turn to the development of Gynae-Oncology arrangements for the Black Country, with a meeting scheduled for mid-April to progress this.
 - **Ophthalmology** – ahead of the forthcoming national GiRFT visit, the Ophthalmology team at DGFT delivered in excess of 20 Cataract cases in a day for the first time, a significant step up from an average of 3 per session 6 months ago. Furthermore, the Clinical Network has reached an agreement on the expansion of the Wolverhampton Glaucoma Referral Refinement Scheme (GERS) across the Black Country, with commissioning teams finalising the updated specification and to confirm the rollout model shortly.
 - **Orthopaedics** – following the recent interview processes, one of the two Clinical Leads being recruited for has been appointed. Dr. William Hart from RWT was the successful candidate for the North patch and has accepted the appointment on a 1PA per week arrangement for the 25/26 financial year.
 - **Pharmacy** – work continues at a pace to establish the Pharmacy Aseptic proposal, with two stakeholder engagement workshops being delivered in early May, and a draft output report due for circulation to all partners in early June prior to discussion at the next available BCPC Executive.
 - **Elective Care** – work continues with ICB and primary care colleagues on the development of specialty specific service specifications, which will support the management of NHS resources within the Black Country NHS, whilst retaining high standards of care delivery for the Black Country population.
 - **CNO update** – The BCPC CNO provided a brief update on key activities including “Workforce Alignment”, and the Neonatal Partnership Board and its key workstreams. Of particular note was the proposed future arrangement of the “Local Maternity & Neonatal System” (LMNS) transitioning to the BCPC, with further dialogue required to understand, responsibility, accountability and liability issues aligned to governance arrangements.

- **‘Delivery Partner’** – Work continues with the procurement team and the preferred Delivery partner and will be concluded shortly. Final elements of the work will ensure that any “diagnostic phase” will be reduced with a greater emphasis on supporting delivery of productivity and efficiency opportunities. The host organisation for this has been identified as SWBT, and it is anticipated that the work will commence imminently.

B. TRANSFORMATION

- **Corporate Service Transformation (CST)** – The BCPC SRO and Programme Lead provided a brief update on progress against the 8 recommendations agreed at the recent JPC.

A more concise update is provided from the summary notes of the Programme Board, which was scheduled (and held) on Monday 14th April 2025.

C. STRATEGIC & ENABLING PRIORITIES

- **Communications - Public Involvement Exercise** – The BCPC System Lead for Communications provided an update on Public Involvement activities being undertaken to support the range of Clinical Service Transformation work agreed by JPC in February 2025.

Learning from the previous ‘North Hub’ experiences it was essential that early engagement and public involvement activities commenced to inform the development and establishment of subsequent Business Cases as part of any service transformation / change processes.

Work is rapidly being progressed in parallel to ensure that a briefing is provided for a Joint Health & Overview Scrutiny Committee, alongside a briefing for staff and stakeholders, combined with preparation for a wider public involvement exercise, the outputs of which can be appropriately used in all appropriate business cases.

- **Medical Bank Rate Harmonisation** – The task group led by the BCPC CMO continues to work on analysing the current Medical Bank rates being paid across the four partner Trusts, with a view to recommending a standard rate for all. Initial assessment is that there is a significant opportunity for efficiency through harmonisation and it is anticipated that this work will navigate some remaining steps arriving at a conclusion shortly.
- **BCPC Governance** – Draft terms of reference were received for two new proposed forums. The BCPC Managing Director will review with authors and consider their alignment in due course.

Key Messages on the Corporate Services Transformation Programme Board – April 2025

The following are the key messages from the 14th April 2025 Corporate Services Transformation Programme Board.

KEY MESSAGES

- **Terms of Reference:** the draft Terms of Reference for this new programme board were approved subject to the amendments to include CEO delegated representation within the formal membership and to explicitly document the seven corporate services that are in scope of this programme for 2025/26.
- **Progress against JPC actions:** the board received progress updates against a series of actions that were identified following the approval of eight recommendations presented to Joint Provider Committee in February 2025.
- **Robotic Process Automation:** the programme is supporting participation in an exciting free national NHSE Robotic Process Automation (RPA) pilot. RPA enables the automation of workflows to follow a predefined process. It enables the ability to automate high volume, rule-based, repeatable tasks. Three RPA opportunities specific to Human Resources workflows are explored. A digital Project Manager has been assigned and is working with HR colleagues across the system to progress the pilot, with support from the NHSE Head of Digitisation and Automation.

- **Delivery Partner Opportunity Analysis:** an update was received regarding the recently commissioned rapid analysis work which is progressing with two external consultancies. The aim of this activity is to obtain an independent assessment of the scale of opportunity to deliver improvement, resilience, and efficiency through a single, system-level transformation approach for the seven in-scope corporate service areas. The analysis specification also seeks insight, based on consultancy experience and industry best practice, as to optimum service models, a consideration of potential digital investment and automation opportunities, and recommended delivery roadmap. Final reports are due later this month and following review, a summary paper will progress to JPC schedule in May 2025 outlining recommended next steps.
- **Legal Framework:** the programme board received an update regarding the work that has been commissioned from an external Legal partner to develop a 'Legal Framework' (which would be consistent with the Collaboration Agreement) for the establishment of a managed shared service. Consideration of recent national guidance relating to "wholly owned subsidiaries" (WoS) is also being considered and work continues to develop the framework.
- **Case for Change:** in response to early programme engagement activity and in readiness to progress to formal Business Case, the board received a draft Case for Change for review and comment. This consolidates several early governance reports and materials developed during the early programme preparation phase. Its purpose is to summarise the challenges identified across the system which need to be address and provides the rationale for why change is needed. The draft was received with initial amendments noted and further feedback to be provided by **Thursday 17th April** to support final updates to support its progress to final approval.

Regulation 28 Prevention of Future Deaths notice

In April 2025, the Trust was issued a regulation 28 Prevention of Future Deaths notice (PFD), relating to a patient who was discharged in April 2024 with no evidence of communication from the Trust to a care agency, which resulted in the patient not receiving their package of care post discharge. The patient sadly passed away. This incident was reviewed as part of the safeguarding adult review. Immediate actions were considered at the time, and the Trust continues to work on improving our discharge processes. The Divisions are currently working collaboratively to respond to this notice and ensure we learn from this tragic incident. The response to the coroner is required by 10th June 2025.

Getting it Right first Time

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

From October 2024 DGFT is now a part of the GIRFT Further Faster 20 initiatives, announced by the Secretary of State in September 2024, to target support for systems to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity. This is an opportunity for resource and focus to be placed in areas where we can have substantial impact to reduce the waiting list and continue to build on work we have already commenced. It is an opportunity to further improve care across our communities and link together Primary and Secondary care. It is also in line with the government's economic policy focus.

We have more work to do to ensure that the GIRFT Further Faster 20 programme embeds further within the Trust, and we are creating a Trust GIRFT subgroup to provide clinical guidance, challenge and direction to all specialties.

See [appendix 1](#) for further details

Charity Update

Staff Wellbeing Rooms

The programme of works for our first phase of the staff wellbeing rooms is progressing well. The first three rooms; B1, C1 and C5 are almost complete. Next we have B5 and later in the year it will be ED. We have also agreed a supplier for wall art and furniture for all the rooms and have developed a brochure of themes for the rooms to support staff engagement.

We are now looking at the second phase of the project and will be reviewing the costings for them in the upcoming weeks.

Refurbished Paediatrics 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.

We are now appealing to businesses and the public to help sponsor the other seven cubicles we have on the ward, <https://www.justgiving.com/campaign/ChildrensED>



Cuddle Bed C4 Georgina Ward

Following a year of fundraising along with generous donations to the Dudley Group NHS Charity Georgina Ward charitable fund, the department has been able to purchase a £15,000 'cuddle bed'. The cuddle bed is electronic and expands by the touch of a button to double width and will help the C4 ward in delivering palliative care.

The ability to be able to get into the same bed as your loved one and have a cuddle or offer comfort at the most tender of times is proving to be incredibly beneficial. The bed is fully certified for two people, giving patients and carers peace of mind that not only is it helping to provide care, but it is also doing it safely.

Thank you to Montcalm International who allowed the ward to trial the bed for two weeks to ensure the equipment meets the needs of patients. We are very pleased that the bed has arrived in the Trust, we hope that this will make a difference to patients and their families.



Marathon 2025 – Meet our #TeamDudley runner

On Sunday, 27th April 2025, 50,000 runners took part of one of the biggest marathons staged anywhere in the world, the TCS London Marathon.

Our amazing runner, Adam has been fundraising for our charity, and we have been profiling his journey and supporting him with his fundraising efforts **#TeamDudley**.

Adam turns 40 this year and he can't think of a better way to celebrate than taking part in the pinnacle of all running events. His wife is a midwife in the Trust's maternity department, and he is proud of the hard work and dedication of all NHS workers, and he appreciates how fortunate we are to have such a brilliant healthcare system. Adam decided to raise funds for the Dudley Group NHS Charity to support 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>



Charity Consultants Cricket T20 Match

Bring your camping chairs, picnic blankets and your cheering voices to support an all derby T20 charity cricket match. It will be a competitive afternoon of cricket of consultants vs consultants from the Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust.

The match will take place at Pedmore Cricket Club on Sunday 11th May at 2pm, the club house will be open to purchase drinks and food from the BBQ.

All funds raised for the event will be split between the Dudley Group NHS Charity and Your City & Metropolitan Hospitals Charity.

Both charities' will there on the day selling programmes, raffle tickets, merchandise to raise additional funds.

It will be a great day to support your colleagues and raise vital funds for two local charities. To spectate please click on the below link, costs are £2 for adults and free for children under 16, <https://register.enthuse.com/ps/event/PlayersDudleyGroupNHSCharityCricketMatch>



Dragon Boat Race

On Sunday 18th May 2025, 60 members of staff from the Dudley Group NHS Foundation Trust will be competing against each other, and 20 other boats, at the Wolverhampton Rotary Dragon Boat Race on the lake at Himley Hall.

Our three amazing teams consist of staff from Trust HQ, Surgery, Women's and Children's and Anaesthetics departments. They all are raising funds for the Dudley Group NHS Charity, and we are profiling their journey and supporting them through their fundraising efforts!



To support team Trust HQ Team Will it float

– visit <https://dudleygroupnhscharity.enthuse.com/pf/will-it-float>



To support the Anaesthetics team Row-crew-ronium - visit www.justgiving.com/page/andrea-baker-1724340598555?utm_medium=FR&utm_source=CL



To support the surgery, women's and children's team Black Pearl – visit <https://dudleygroupnhscharity.enthuse.com/pf/black-pearl-ee49f>

Committed to Excellence

Committed to Excellence is back and our charity is once again looking for businesses who would be interested in sponsoring and presenting key awards with one of our platinum, gold, silver, or bronze sponsorship packages.

Winners are announced during the Oscars-style black-tie awards dinner at the Copthorne Hotel in Dudley on Friday 11th of July 2025 which sponsors have the opportunity to attend. If you have any contacts please get in touch with nithee.patel@nhs.net



Healthcare Heroes (Liz/Hannah)



Rebecca George

Rebecca was nominated by a patient who wanted to thank her for everything she has done to help them.

The nomination said "I can wholeheartedly say that I would not have achieved the goals I have without Rebecca's unwavering support and care. After being wheelchair-bound for over ten years due to an incurable neurological condition, I am now able to take steps with minimal support."



Lauren Ward-Davies

Lauren was nominated specially by a patient's relative who wanted to recognise what she did for their family during a really difficult and emotional time when their loved one was dying.

The nomination mentioned Lauren's patient focused approach, professionalism, her kindness and that she went above and beyond when providing palliative care to their loved one.

The family said that Lauren's support and actions made all the difference, helped to alleviate any fears they had and that she made them feel like they mattered.



Sally Mole

Sally's journey over the past 14 months has been incredible as she has been undergoing treatment for Lung Cancer! While battling cancer she has been instrumental in major IT projects which have made a real difference to patients here at the Trust and has also completed a Leadership and Management course at Dudley College.

Sally was described by a colleague as Superwoman and we would have to agree!



Perinatal Team

Congratulations to the Perinatal Team which is made up of staff from both Maternity and the Neonatal Unit.

The team were nominated for the way they continue to work through challenges they face and how they all strive to continuously improve, which has resulted in better outcomes for babies.

Patient Feedback

Pulmonary Rehabilitation Team - The staff/nurses make you feel welcome and give the patients reassurance of their exercise abilities.

Day Surgery Unit, Russells Hall - Treated very well by all staff, they were very attentive and friendly, and I was kept up to date throughout the day.

Neonatal - I just think the team in Neonatal are more than fabulous and I can't say anything or complain at all... amazing team.

Own Bed Instead – Staff were very kind and supportive to my father, he explained everything in a way that he could understand.

Daycase Unit, Corbett - Staff were always very warming and polite. Nothing was ever too much to ask. Acted professionally and allowed patients privacy if needed.

C4 Oncology – Caring, professional treatment and treated with a smile and made to feel relaxed and confident with care.

General Community - My mother received excellent service. All staff were efficient, friendly and professional.

CAPD - The nurses were so welcoming and couldn't do enough to make me feel comfortable. Appointment was on time. Really impressed.

Ward C3 - Very caring staff, exceptionally clean wards and easy to speak to clinicians regarding my mother's treatment.

Awards

HSJ Digital Awards 2025

We are proud to announce that we have been shortlisted for two national HSJ Digital awards.

Our first shortlisting for Digital Organisation of the Year recognises that we are leading NHS digital transformation and achieving significant advancements in digital maturity. Engagement with stakeholders and patients was a cornerstone of our delivery. All delivery is co-owned by a product owner from the organisation and on average we deliver 29 digital initiatives a year due to this collaborative approach.

Over the last two years, our organisation has experienced a measurable increase in digital maturity, with sustained progress across all domains. This transformation has been underpinned by key initiatives such as the Sunrise EPR upgrade and the introduction of EPAC.

The adoption of theatres scheduling via a bespoke in house developed solution has addressed long-standing inefficiencies in scheduling, significantly reducing delays and improving theatre utilisation rates. Similarly, the eERS system has optimised resource allocation, enabling faster and more accurate referrals. Migrating to the cloud has enhanced system resilience and reduced downtime, ensuring uninterrupted service delivery and alignment to the national Cloud agenda.

We have seen significant reductions in operational inefficiencies, improved clinical outcomes through real-time decision support, and increased capacity for service delivery.

Our second shortlisting for Empowering Patients Through Digital Clinics recognises the work that been undertaken through the innovative Surgery Hero platform with Dr Anna Pierson. The Digital Clinics Project was developed, using remote health coaching, to tackle longstanding challenges in elective surgery, including inconsistent patient preparedness, extended length of stay (LOS), and resource inefficiencies.

Key outcomes demonstrate the project's success:

- **Reduced Length of Stay (LOS):** Patients engaging with the platform saw a 0.59-day reduction in LOS compared to non-participants, freeing up 273 bed days and avoiding £925,470 in costs.
- **Increased Surgical Capacity:** This additional capacity enabled 99 extra surgeries, generating £111,969 in income.
- **Improved Health Outcomes:** Patient activation measure increased by 18%, physical health increased by 19%, sleep increased by 15% and diet increased by 10% reflecting improved confidence and preparedness for surgery

We are really proud of all of the colleagues and teams who have contributed to this success and who continue to support our digital innovation journey.

In addition, chief information officer, Ravi and members of her team have received a wonderful commendation from Will Goodwin, NHS England's regional director of digital transformation following a recent presentation to the Midlands Digital Leads Collaboration Forum.

Commending the hard work of Ravi and her team, Will said:

The presentation, focusing on the work undertaken regarding Digital Maturity Assessments, was incredibly insightful and very well-received by the digital leads from across the Midlands region. It clearly demonstrated the significant progress made by the Trust and showcased the thoughtful approach and strong leadership Ravi has provided in this crucial area. The work is a real credit to her and the entire digital team, offering valuable learning for colleagues across the region.

On a related note, I also wanted to personally acknowledge how consistently supportive and collaborative Ravi has been in her engagement with myself and my team. Her willingness to share expertise and contribute positively to wider regional initiatives is genuinely appreciated and will make a tangible difference to our collective efforts.

Finally, I was delighted to see the recent announcement of the HSJ Award nominations. Please accept my sincere congratulations, and extend them to the team, for securing two nominations for the Digital Team. This is fantastic recognition of their hard work, innovation, and the positive impact they are having. It is thoroughly deserved.

I greatly value the contribution of Ravi and her team to the wider Midlands digital community.

Visits and Events

Date	Activity
1 March 2025	Black Country Provider Collaborative Executive
7 March 2025	Black Country Financial Recovery System Oversight Group
10 March 2025	NHSE/Black Country ICB Operational Plan Review
13 March 2025	NHSE National Planning Event
14 March 2025	Dudley MPs Briefing
17 March 2025	Black Country Integrated Care System Cancer Board
17 March 2025	Black Country Provider Collaborative Senior Responsible Officers
18 March 2025	Black Country ICB Planning Assurance – Follow up
21 March 2025	Black Country Provider Collaborative Joint Board Workshop
21 March 2025	Black Country Integrated Care System Leadership Event
24 March 2025	HSJ Interview
25 March 2025	Midlands Endoscopy Network Board
26 March 2025	NHSE Midlands Regional Director monthly update
26 March 2025	Black Country Regional Performance Tiering Call
26 March 2025	Black Country Elective and Diagnostic Strategic Board
27 March 2025	Finance and Productivity Committee
27 March 2025	Black Country Integrated Care Board meeting
3 April 2025	Black Country Provider Collaborative Senior Responsible Officers
4 April 2025	Monthly Non-Executive Directors briefing
7 April 2025	Black Country Provider Collaborative Executive
9 April 2025	Board of Director Development Workshop
9 April 2025	Council of Governors Achieving Synergy briefing
14 April 2025	Corporate Services Transformation Programme Board
15 April 2025	NHSE/ICB Oversight and Assurance
17 April 2025	Black Country Provider Collaborative Senior Responsible Officers
23 April 2025	NHSE Midlands Regional Director monthly update
23 April 2025	Consultant Gastroenterology Interview Panel
24 April 2025	Finance and Productivity Committee
28 April 2025	Black Country Integrated Care System Cancer Board
28 April 2025	Freedom to Speak Up Guardian Steering Group
29 April 2025	NHSE Leadership Event
30 April 2025	Connect, Collaborate and Eat Cake Leadership event
30 April 2025	Black Country Elective and Diagnostic Strategic Board

DGFT - GIRFT Further Faster 20 Programme

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

From October 2024 DGFT is now a part of the GIRFT Further Faster 20 initiatives, announced by the Secretary of State in September 2024, to target support for systems to improve and streamline pathways for patients and spread good practice in areas with high levels of economic inactivity.

Surgical Pathways - March 25

March RTT position 59.9% vs 25/26 target of 64.2% by end of March 2026. March has shown continued improvement in the RTT performance. 52-week performance has shown some deterioration in month, but further work is underway to understand and rectify the cause of this adverse variation.

THEATRES

The Trust's capped theatre utilisation remains in the highest quartile at 84%. While late starts and early finishes continue to be monitored to improve utilisation, both figures are in the highest quartile. Inter-case downtime remains a focus for improvement with on going deep dives.

Model Health Data - Theatre Metrics as of 23.2.25 – Continue to monitor / drive actions through Specialty Productivity Mtgs / Theatre User Group



Theatre Key Actions - ongoing:-

- GIRFT representatives will attend the Trust in the first week of June to offer scrutiny, guidance and advice prior to the Trust's onboarding of Cohort 10.
- Theatre booking system now fully operational. E-consenting/paperless consent has begun in theatres.
- Guests from SWBH attended theatres and list planning to share experiences and learning between the two trusts. Further meetings and site visits are likely following the experience.
- The next Paediatric Super Saturday is planned for 12th April with three specialties taking part so far. The team also won February's Healthcare Heroes award for their work in organising and running the weekends so effectively.
- Gynaecology, Breast, General Surgery, Colorectal, Plastics, Ophthalmology, T&O, Urology, Pain, ENT/Max Fax & Vascular – Extra Weekend Lists.
- ENT, Vascular, General Surgery/Colorectal, Urology undertakes additional Weekday Evening Sessions.

Super Saturdays – Press Release 18.12.24

Transforming young lives: Dudley hospital dedicates surgery days to local children



The Dudley Group NHS Foundation Trust recently hosted three ‘Super Saturday’ days at its Russells Hall Hospital, with surgeries, morning until night, dedicated solely to children. By focusing on paediatric patients, the days allowed children to undergo various elective surgeries, relieving pressures on wait times and addressing the health inequalities for children awaiting surgery.

Diane Wake, chief executive of the Dudley Group NHS Foundation Trust, said: “We are thrilled to see the success of our Super Saturday events over the last few months. “This initiative allowed our staff – including our paediatrics, anaesthetics, theatre staff, day-case staff, play team, operations team and many more – to dedicate their day to delivering the right care to children needing surgery.

Karen Anderson, head of children’s services, said: “We know that surgery can be a daunting experience, and even more so for our paediatric patients, so these days are of utmost importance to our community and staff”.

Helping to prepare children for their surgery, the team shared an informative video, produced collaboratively with the RGUC Digital Media team, for all upcoming paediatric patients detailing what to expect on the day. Over the three days 79 children underwent surgical procedures ranging from tonsillectomies to squint surgeries.

Chloe Littler, mum of 7-year-old Ronnie, said: “The Super Saturday idea is brilliant and seeing so many children on the ward was amazing. Our son arrived early in the morning and the staff did a great job in calming his anxieties. Thanks to everyone at Russells Hall Hospital for a great job.”

Russells Hall Hospital achieves milestone in cataract surgery



Russells Hall Hospital achieves milestone in cataract surgery
12th March 2025 - [Press Releases and Statements](#)

[Russells Hall Hospital achieves milestone in cataract surgery - The Dudley Group NHS Foundation Trust](#)

The Dudley Group NHS Foundation Trust has achieved a record milestone in its high volume, low-complexity cataract surgery service at Russells Hall Hospital. Performing an astounding 21 cataract operations in a single day, this initiative is a key part of the Trust’s efforts to reduce NHS waiting times and improve patient access to high-quality ophthalmic care in Dudley and the wider Black Country region.

NHSE

The following was supplied but did not feature in the published release ([Crack teams get patients off waiting lists at twice the speed - GOV.UK](#)):

***The Dudley Group** have run Super Clinics and high flow theatre lists for General Surgery & Ophthalmology – the Super Clinics enable patients to have diagnosis and treatment earlier and using high flow theatre lists have improved the usage of theatres by over 85%.*



Our amazing General Surgery Surgical Team have been undertaking weekend High Intensity Theatres for primarily hernia and laparoscopic cholecystectomy cases to support the reduction in waiting lists. Since June 2024 there have been an astonishing 226 surgeries of which 206 (91%) had same day discharges.

Improving Pathways – Diagnostics - Community Diagnostic Centre (CDC) - Corbett CDC Hub & Spoke Model

- Positive impact on DM01 performance and reduced wait for cancer patients.
- Echocardiography longstanding waiting list reduced and sustained.
- Endoscopy and Respiratory commencing some activity end of March 25.
- Dermoscopy expanded to support rapid access, urgent and routine referrals.
- System mutual aid provided to SWBH since November 2023.
- CYP Asthma pathway commences April 25.

Delivering Outpatients

Pre-Appointment – on going

A&G & RAS – 7-9k referrals triaged monthly across a combination of 56 Specialty areas. **Cinapsis Eye eRS System** from Community Optometrists – Oct 23 – Mar 25 – Total referrals 2637. **CDC Dermoscopy** – Jan – Feb 25 – Total referrals 4115. **Neurology Consultant Connect** – Oct 24 to date – 1431 referrals triaged.

Reducing & Managing Missed Appointments (DNA's) – on going

February 25 Missed Appts (DNAs) Performance – 6% - CSS 7.5% - MIC 4.7% - SWC 6.7%.

Remote Appointments – on going

March 25 - 80.18% F2F vs 19.82% Virtual.

PIFU - on going

March 25 PIFU Performance – 3.4% - CSS 15.8% - MIC 2.5% - SWC 2.5%.

GIRFT BC ICB System Visit 28 April 25 – Updates and Next Steps:-

The GIRFT visit received overall positive feedback from Professor Briggs and the NHSE Midlands Team.

- Professor Briggs highlighted the urgent need to standardise clinic templates across the System.
- All specialities to conduct a review of variations in key metrics within the System with strategies for resolving the variation through shared learning and work on achieving top decile within Model Hospital.

Outpatients Transformation

PIFU & Missed Appointments

Remains areas of continued focus across all providers within the BC ICB System.

Surgical Flow / Early Health Screening – APOM Handbook updated March 25

Working towards May 2025 GIRFT visit the group completed questionnaires and reviewed variances that may exist between providers related to Post Op Care.

Key Specialty ENT Initiatives

ENT is a key national challenged specialty highlighted for attention in the new planning period in the “Reforming Elective Care” Report. Current Projects:- Shared Surgical Pathways for Tonsils, Adenoids and Grommets. Community ENT frameworks for Hearing Loss, Ear Wax and Tinnitus; meeting between BC ICB representatives, BC Elective Hub and GIRFT ENT representatives to take place in May 2025.

RR/1.5.25

Paper for submission to the Board on Thursday 8th May 2025

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

1. Summary of key issues

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

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

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

Questions received:

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

Q. John Corbett's descendants have recently issued a family statement that their esteemed ancestor "gifted the former Hill Estate and grounds" (which today includes Corbett Outpatient Centre and the adjacent Corbett Meadow) "to the local community in good faith for public use. Like us, as his descendants, he would have strongly objected to the Meadow being used for anything other than benefitting the local Stourbridge community as green and open space, providing mental and physical health benefits. No doubt, he would have had a word or two to say in Parliament, especially regarding the current stance of the NHS and their short-term view for securing finance from letting the site be developed into housing"

These sentiments chime with the objectives of the Dudley NHS Trust's adopted Green Plan 2020-2025 and in particular its aim "To maximise the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets" and under this Aim its Action to "Work with staff & local community organisations to provide quality accessible green spaces and encourage their use". They also align with national and local government policy for delivering enhanced and more cost-effective health services and treatments, including preventative measures, through green social prescribing and other formal and informal routes.

In this light, the Corbett Meadow Action Group urge the Board to review its position in promoting residential development of this so special Meadow and explore the more creative use of the Meadow for health and other benefits in line with its own policies and statutory obligations under the Natural Environment & Rural Communities Act and to respect the legacy of John Corbett.

Therefore, we ask the Board:

- How and when it and/or individual members of the Board was/were informed and/or consulted on the change of the Trust's position since it was advised in September 2023 that the contract with Persimmon had expired, that options for the future use and management would be explored and that in the meantime the Meadow would remain in agricultural use (Board Minute 23/66)?
- To re-commit to reviewing its options for the future use and management of Corbett Meadow, including how it could contribute to the provision of innovative and more cost-

effective health services; and in this work liaise with the local community and other interest groups in line with the provisions of its adopted Green Plan? - and if not, why not?

- To withdraw its objection to the allocation of Corbett Meadow as a Local Green Space in the submitted Dudley Local Plan - and if not, why not?

The Corbett Meadow is a unique and special historic, social and environmental asset - once it is gone, it is gone for ever...

A. Trust response given below

Thank you for your questions and briefing regarding Corbett Meadow which I will ensure board members have sight of. I would like to reassure you board members have been updated and involved in any decision making for the disposal of the land, and have discussed options on previous occasions over the time this has been an issue.

We have heard your concerns and I remind you of our position which is we must dispose of surplus land and have a duty to reinvest that money back into local NHS services. Our response is as previous replies and our statement below.

Diane Wake, chief executive of The Dudley Group NHS Foundation Trust, said: "In light of financial challenges that face the NHS we are under a duty to make the best use of our resources and public money. NHS guidance sets out our requirements to dispose of any surplus assets.

"We are required to sell the parcel of land we own at the rear of Corbett Outpatient Centre, and reinvest the money directly back into patient care for the people of Dudley and surrounding areas."

2. Alignment to our Vision

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

3. Report journey

Board of Directors March 2025

4. Recommendation

The Public Trust Board is asked to:

- a) **Note** the questions received and response provided.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2024/25 and beyond
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

Paper for submission to the Board of Directors on 8 May 2025

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

1. Summary of key issues

This paper outlines the key points of assurance, escalation, work commissioned as a result of discussions and decisions made from the Board Committee meetings held in March and April 2025.

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

Assure

Each of the committees paid close attention to a range of items and have noted positive assurances relating to;

The Audit Committee were pleased to receive a positive 'above the line' draft annual internal audit 2024/25 report and opinion, recognising progress on enhancing the risk and control framework. Also noted High Data Quality Maturity index, higher than the national position on a combined basis and across each individual data set.

Work to complete the CQC self-assessment of 10 core services had been subject to a check and challenge and the findings to focus central resources differently to close gaps noting common themes had been identified and shared.

Continued positive assurance related to focus on being a 'brilliant place to work and thrive' and the emphasis on divisions using results from the latest staff survey to drive improvement work. The workforce board assurance framework and the majority of workforce indicators continue be positive in respect of turnover, retention, vacancies, and mandatory training are all within the Trust targets and remain stable. The People Committee was complementary on the 95% retention rate for international nurses.

The Trust Charity celebrated the completion of the second baby bereavement room on the delivery suite and the good progress on refurbishment of staff wellbeing rooms.

Good assurances assigned to a number of quality items including continued implementation of Martha's Law, anticipated positive outcome for the Maternity Incentive Scheme year 6, positive feedback following a recent Local Maternity Neonatal System visit and sustained improvement for Learning from Deaths; Summary Hospital level Mortality Indicator tool and Hospital Standardised Mortality Ratio remain stable within expected range.

Positive progress in developing the Dudley Health and Care Partnership building relationships and workplans supporting the community first approach. The Integration Committee noted positive assurance on DIHC Transaction Benefits Realisation Review, noting the work completed and recognised nationally by Neighbourhood Health where community partnership teams are aligned with the Primary Care Networks (PCN's).

Advise

All committee meetings were quorate with the exception of the March 2025 meeting of the Quality Committee.

In considering the workforce forecast, committees were able to assign reasonable or partial assurance noting the non-achievement for substantive workforce reduction for 2024/25; learning that had been applied to developing the future plans was noted. Good progress was noted relating to strong overall operational performance. Satisfactory financial performance showed the Trust hitting the financial plan for 2024/25.

Alert

Two internal audit reviews with negative assurance levels were received by the Audit Committee - Bank and Agency for medics and patient monies with management actions agreed.

Staff bank usage during March was significantly high and attributed to poor management of annual leave. Increased operational monitoring and actions that would be taken to address were noted.

The fragile nature of the Trust's Occupational Health service is being monitored at the People Committee. There is a sound strategic solution but concerns around ability to maintain a fully effective service in the shorter term. Given poor sickness absence rates, committee oversight continues on impact of mitigating actions.

Inconsistent discharge and patient flow performance remain under close scrutiny from an operational and quality perspective noting that deep dive presented on 'patient transport services' and 'ambulance handover delays' received partial assurance from the Finance & Performance Committee.

Regulation 28 - Prevention of Future Deaths report received in April, related to patient discharge. Immediate actions were taken at the time of incident (April 2023), and a comprehensive improvement plan is being developed and will be incorporated into Discharge Improvement work with oversight at Quality Committee.

The impact on quality has continued to be closely monitored by the Quality Committee and alert:

- Ongoing challenges with timely patient observations noted, with improvement work in place and slight improvements noted.
- Sepsis pathway not improving as expected, improvement work ongoing with partial assurance received from Divisions on an improving position. Ongoing action plans monitored via Divisional Governance meetings as well as oversight at Executive level, together with continued education and training.
- Ongoing work for domestic abuse recognition.
- Receipt of timely and complete reports of the appropriate quality was noted as a significant concern at the Risk & Assurance Group. A number of reports have had extended deadlines or deferments across the reporting cycle. Actions have been taken to address this and reiterate the importance of timely and good quality reports.

Notwithstanding overall mandatory training performance Safeguarding training (paediatric/ children) compliance has continued to see underperformance with the matter escalated by the Quality Committee with future reporting to include details on recovery plans to address.

2. Alignment to our Vision

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

3. Report journey

Board of Directors May 2025. Committee meetings held March and April 2025

4. Recommendation

The Public Trust Board is asked to:

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

5. Impact

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

Paper for submission to the Board of Directors on 8th May 2025

Report title:	Month 12 2024/25 Financial Position
Sponsoring executive:	Chris Walker – Interim Director of Finance
Report author:	Chris Walker – Interim Director of Finance

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

Assure

1. The Board is asked to note the Month 12 (March 2025) Trust financial position. After technical changes the **March cumulative position is a £1.543m deficit**. This position is £0.047m better than the updated phased plan agreed by NHS England in September.
2. The Trust achieved its financial plan for 2024/25 delivering a position slightly better than the £1.590m deficit plan.
3. The Trust finished the 2024/25 financial year with a healthy cash balance of £32.303m. This was higher than the previous month's forecast position due to Elective Recovery Fund income that was paid on account in March by the Black Country Integrated Care Board.
4. The Trust had capital expenditure of £28.399m in 2024/25 meaning the Trust achieved the capital control total position as set by the Integrated Care System.

Advise

1. The Black Country Integrated Care System received £119.2m of non-recurrent deficit funding from NHS England for 2024/25. This meant the System's financial plan was a breakeven position. The Integrated Care System's final 2024/25 year-end performance shows a surplus of £0.335m against the breakeven plan.
2. Performance against the Elective Recovery Fund was above the NHS England plan in March. Estimates for March year-to-date activity show a predicted over performance of £18.052m against the Elective Recovery Fund NHS England target. The Trust delivered against our internal target for March with the Surgery Division recovering shortfalls from previous months.
3. The Trust delivered Cost Improvement Programme savings equal to the planned amount of £31.896m. However, the split of the outturn reflects the shortfall against the pay reduction scheme being mitigated by Elective Recovery Fund income

Alert

1. Pay expenditure to the end of March continued to overspend against plan. Substantive whole time equivalent reductions were not achieved compared to the plan at the end of March resulting in substantive pay costs being above plan. Bank expenditure continued to exceed the plan up to March with bank overspent. Agency usage remains low but increased in March compared to the previous month.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]	
Deliver right care every time	X
Be a brilliant place to work and thrive	X
Drive sustainability (financial and environmental)	X
Build innovative partnerships in Dudley and beyond	X
Improve health and wellbeing	X

3. Report journey
Month 12 (March 2025) detailed finance report presented to the Finance and Productivity Committee on the 24 th April 2025.
Summary Month 12 financial report presented to Executive Directors on 15 th April 2025.

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

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2024/25 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date: No		
Is Equality Impact Assessment required if so, add date: No		

REPORTS FOR ASSURANCE AND DECISION

FINANCE REPORT

REPORT TO PUBLIC BOARD OF DIRECTORS ON 8 MAY 2025

1. EXECUTIVE SUMMARY

- 1.1 After technical changes the **March cumulative position is a £1.543m deficit**. This position is £0.047m better than the updated phased plan agreed by NHS England in September.
- 1.2 The Trust therefore achieved its financial plan for 2024/25 delivering a position slightly better than the £1.590m deficit plan. The actual March performance was in line with the previous forecast presented to the Trust Board, however there were movements in both income and expenditure.
- 1.3 Performance against the Elective Recovery Fund was above the NHS England plan in March. Estimates for March year-to-date activity show a predicted over performance of £18.052m against the Elective Recovery Fund NHS England target. The Trust delivered against our internal target for March with the Surgery Division recovering shortfalls from previous months. Other settlements on variable components of the contract were agreed with Commissioners for year-end purposes equating to £1.131m.
- 1.4 Pay expenditure to the end of March continued to overspend against plan with an overspend of £15.463m. Substantive whole time equivalent reductions were not achieved compared to plan as at the end of March resulting in substantive pay costs being £6.312m above plan (this includes £2.336m relating to the band 2 to 3 costs). Bank expenditure continued to exceed plan up to March with bank overspent by £8.525m. Agency usage remains low but had increased in March compared to the previous month and was £0.626m overspent against plan.
- 1.5 Non pay expenditure increased from February and was above the plan by £5.468m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity.
- 1.6 The Cost Improvement Programme plan for 2024/25 equated to £31.896m. The Trust delivered Cost Improvement Programme savings equal to the planned amount. However, the split of the outturn reflects the shortfall against the pay reduction scheme being mitigated by Elective Recovery Fund income. Income therefore contributed 49% of the delivery with non-pay 31% and pay only 20%.
- 1.7 The Trust delivered a financial position of £1.543m deficit for the 2024/25 financial year against the revised plan at a £1.590m deficit. The Trust therefore achieved its financial plan for the year. The Trust is now subject to an audit of the annual accounts and annual report before the final audited accounts are submitted to NHS England at the end of June.
- 1.8 The Integrated Care System final 2024/25 year-end performance shows a surplus of £0.335m against a breakeven plan. While the risk within two providers materialised, this was offset by improvements in other providers allowing the System to achieve its financial plan.

2. INCOME AND EXPENDITURE

- 2.1 After technical changes the **March cumulative position is a £1.543m deficit**. This position is £0.047m better than the updated phased plan agreed by NHS England in September.
- 2.2 The actual March performance was in line with the previous forecast presented to the Trust Board, however there were movements in both income and expenditure. Higher than forecast bank expenditure relating to annual leave and continued use of some surge beds contributed to higher expenditure in March than forecast. In addition, non-pay continued to overspend linked to elective activity. This was offset by additional income relating to education income and further settlements agreed with associate commissioners for other specific variable elements of healthcare contracts.
- 2.3 Performance against the Elective Recovery Fund was above the NHS England plan in March. Estimates for March year-to-date activity show a predicted over performance of £18.052m against the Elective Recovery Fund NHS England target. The Trust delivered against our internal target for March with the Surgery Division recovering shortfalls from previous months. The Black Country Integrated Care Board paid the Trust in March for our fixed element of the Elective Recovery Fund with final validations taking place over the coming months.
- 2.4 Substantive staff were 211.70 Whole Time Equivalents (WTE) above the target in March (January 228.02 WTE above the target). Allowing for increased Deanery and externally funded posts reduces the shortfall to 188.82 WTE. Substantive pay costs were £6.312m above plan at the end of March. Included in this variance was £2.336m relating to the band 2 to 3 re-grade costs approved by the Trust Board in November that were not in the original plan. The remaining variance wholly relates to non-achievement of the 4% workforce reduction plan.
- 2.5 Bank increased in March from February by 102.00 Whole Time Equivalents (WTE) and has overspent against the cumulative plan. Bank was above the target by 258.35 WTE (January 151.08 WTE above the target). Much of the increase in March related to annual leave of substantive staff, some surge bed areas remaining open due to the pressures of emergency activity as well as bank usage to deliver the Elective Recovery Fund. There is a cumulative overspend of £8.525m against plan at the end of March.
- 2.6 Agency usage continues to be low in relative terms but has increased in March compared to February. It is below the target by 1.28 WTE in March but has a cumulative overspend of £0.626m for the financial year. Agency usage remains predominantly medical staff within four specialties. Overall agency remains very low with Trust spend of 0.7% of pay costs versus the NHS England target of 3.2%.
- 2.7 Non pay expenditure increased in March resulting in a cumulative deficit against the plan of £5.468m. This related to Integrated Care Board passthrough drugs within the block contract, general drugs, Black Country Pathology Service contract and general clinical consumable spend related to increased activity.
- 2.8 The Trust delivered a financial position of £1.543m deficit for the 2024/25 financial year against the revised plan at a £1.590m deficit. The Trust therefore achieved its financial plan for the year. The Trust is now subject to an audit of the annual accounts and annual report before the final audited accounts are submitted to NHS England at the end of June.
- 2.9 The underlying financial position as the Trust exited 2024/25 was a deficit of £56.4m as reported to the Trust Board as part of the financial plan approval. This is compared to the financial recovery plan underlying financial position of £48.0m. The current 2025/26 exit underlying financial position

is a deficit of £38.6m compared to the financial recovery plan underlying financial position of £36.8m. The improvement from 2024/25 is predominantly as a result of higher CIP requirements in 2025/26 compared to the financial recovery plan assumptions. Further work is ongoing within the System to finalise the 2025/26 exit underlying financial position which will be reported to Finance & Productivity Committee and onto Trust Board for the next meeting.

- 3. CAPITAL AND CASH**The cash position at the end of March was £11.382m higher than the previous month's forecast. Black Country ICB receipts were £7.828m higher than forecast. This related to Elective Recovery Fund income that was paid on account in March by the Black Country Integrated Care Board. The Integrated Care Board had stated this would be in the new financial year once validation had occurred. Non-patient income receipts were £1.534m above forecast. This related to provider contracts being paid earlier than forecast and additional education income. Payments were £1.686m lower than the forecast in March. Capital payments were £1.510m below forecast, which related to the timing of receipts of capital invoices.
- 3.2 Cash compared to plan increased by £29.339m. This was because of deficit funding being received that wasn't included in the original plan. The deficit funding meant that the Trust did not need to request cash support from NHS England and finished the year with a healthy cash balance. The rolling 12-month cash flow forecast is based on the 2025/26 break-even plan submitted to NHS England.
- 3.3 Compliance with the Better Practice Payment Code was 94.9% in terms of number of invoices paid to non-NHS suppliers and 95.6% for NHS suppliers as at 31st March 2025.
- 3.4 In month 12 there was year-to-date capital expenditure of £28.399m against the original planned spend of £32.630m. The Emergency Department scheme was the main contributor to the underspend and has now been reprofiled. The Emergency Department scheme has now been fully reviewed with £8.2m of the scheme will relate to 2025/26. The Trust has agreed with NHS England that Public Dividend Capital to this value will be available for the Trust in 2025/26 to complete the scheme. Additional capital of £8.3m was allocated to the Trust in 2024/25 to fund the operational capital schemes that were previously going to be funded from the Public Dividend Capital slippage on the Emergency Department scheme. This all means the Trust achieved the capital control total position as set by the Integrated Care System.

4. COST IMPROVEMENT PROGRAMME

- 4.1 The Cost Improvement Programme plan for 2024/25 equated to £31.896m. The Trust delivered Cost Improvement Programme savings equal to the planned amount. However, the split of the outturn reflects the shortfall against the pay reduction scheme being mitigated by Elective Recovery Fund income. Income therefore contributed 49% of the delivery with non-pay 31% and pay only 20%.
- 4.2 Of the Cost Improvement Programme delivered, 73.0% was recurrent. This equates to £23.284m.

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

- 5.1 The Integrated Care System final 2024/25 year-end performance shows a surplus of £0.335m

against a breakeven plan. While the risk to delivery of the financial plan within two providers materialised, this was offset by improvements in other providers allowing the System to achieve its financial plan.

6. RECOMMENDATIONS

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

Chris Walker
Interim Director of Finance
24th April 2025

**Paper for submission to Public Trust Board on Thursday 8th
May 2025**

Report title:	EPRR Strategy Annual Review
Sponsoring executive:	Karen Kelly – Chief Operating Officer
Report author:	Simone Smith – Head of Corporate Resilience Adam Woodhall – EPRR and Business Continuity Advisor Liam Askins – Corporate Resilience Project Support Officer

1. Summary of key issues

Annual review of the Trust's Emergency Preparedness, Resilience and Response (EPRR) Strategy in line with EPRR Core Standards.

Updates have been made in response to observations from the ICB and NHS England during the Core Standards confirm and challenge process for 2024/25.

Key updates are listed below:

- Roles and Responsibilities updated to reflect the role of Trust Board.
- Additional clarity added in terms of the COO's as appointment Accountable Emergency Officer (AEO).
- EPRR reporting line updated.
- References to Emergency Plans updated to reflect amended document titles.
- Section 5.12, 8, 9, 11 and 12 updated and refreshed in line with ICB and NHSE observations.
- References reviewed and amended.

The full strategy document is located in the reading room associated with this meeting.

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

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

3. Report journey

EPRR Assurance Group (19/03/2025) – virtual consultation
 Finance and Productivity Committee (27/03/2025)
 Public Trust Board (08/05/2025)

4. Recommendation(s)

The Public Trust Board is asked to:

- a) Note the updates made to the strategy following observations from ICB and NHSE.
- b) Agree ratification of the final version of the strategy.

5. Impact

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

Paper for submission to Public Board of Directors on 8th May 2025

Report title:	Annual Plan 2025/26 – final submission and narrative plan document
Sponsoring executive:	Adam Thomas Group Chief Strategy and Digital Officer
Report author:	Ian Chadwell, Deputy Director of Strategy

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

Assure

The annual plan was approved at an extraordinary private board meeting on 26th March following extensive discussions at Board. The narrative document describes the six objectives identified and how the plan fits into the longer-term strategy refresh.

Alongside the plan, the Board also agreed an assurance statement requested by Black Country ICB and NHS England. See full report in further reading pack

Advise

The plan commits the trust to delivering all the success measures in the priorities and operational planning guidance for 2025/26.

The annual plan requires the trust to achieve cost improvement of £39m with planned total expenses of £611.5m. Schemes are in development for £30m with a further £8.9m currently unidentified. The plan commits the trust to delivering 1% more cost weighted activity than the outturn for 2024/25 at reduced cost, with an implied productivity growth of 3.3%. The plan includes additional funding from NHS England and the ICB in order for the trust to submit a balanced financial plan.

NHS England is seeking assurance from the trust that all cost improvement plans have been developed by 16th May. Weekly assurance meetings are in place. Project initiation documents are being developed, starting with the schemes that are fully developed or in planned development.

The plan commits the trust to reducing the overall workforce size by 335 wte (5%) made up of a reduction of 135 wte (2%) substantive staff and large reductions in bank (196 wte equivalent to 32%). Agency use in the trust is already very low but the plan does commit us to deliver a further reduction of 4 wte.

Alert

A high proportion of schemes remain as 'opportunities' with detailed delivery plans still in development. There is a further unidentified CIP of £8.9m. The plan does not include system-wide transformation of services and plans to progress this are required to be developed.

2. Alignment to our Vision

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

3. Report journey
Executive Directors – 18 th March 2025 Extraordinary Board of Directors – 26 th March 2025 Finance & productivity Committee – 27 th March 2025 Public Board of Directors – 8 th May 2025

4. Recommendation(s)
Board of Directors is asked to:
a) Approve the content of the annual plan;
b) Note the content of the board assurance statement which was forwarded to the ICB.

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:		

REPORTS FOR ASSURANCE

Annual Plan 2025/26 – final submission

Report to Public Board of Directors on 8th May 2025

1 EXECUTIVE SUMMARY

The annual plan has been developed over a series of weeks in the context of strategy development, most recently at the Board training and development day on 13th February. The narrative document describes the six objectives identified and how the plan fits into the longer term strategy refresh.

Private trust board met on 26th March to approve the plan and agree the assurance statement requested by Black Country ICB. The plan commits the trust to delivering all the success measures in the priorities and operational planning guidance for 2025/26.

The annual plan requires the trust to achieve cost improvement of £39m with planned total expenses of £611.5m. Schemes are in development for £30m with a further £8.9m currently unidentified. The plan commits the trust to delivering 1% more cost weighted activity than the outturn for 2024/25 at reduced cost, with an implied productivity growth of 3.3%. The plan includes additional funding from NHS England and the ICB in order for the trust to submit a balanced financial plan.

NHS England is seeking assurance from the trust that all cost improvement plans have been developed by 16th May. Weekly assurance meetings are in place. Project initiation documents are being developed, starting with the schemes that are fully developed or in planned development.

A high proportion of schemes remain as ‘opportunities’ with detailed delivery plans still in development. There is a further unidentified CIP of £8.9m. The plan does not include system-wide transformation of services and plans to progress this are required to be developed.

2 BACKGROUND INFORMATION

Following publication of the planning support tool and planning guidance in January, work has continued to develop the annual plan.

A headline submission was made to the ICB on 14th February which in turn populated the system headline submission on 27th February. A planning assurance meeting was held with the ICB on 5th March to clarify the content of the plan. The level of unidentified CIP presented the greatest risk.

A full submission was made to the ICB on 14th March following verbal update and discussion with directors on 11th March. A final submission was made to the ICB/NHS England on 26th March following agreement of distribution of finances between different organisations in the system.

This submission was discussed at the extraordinary private board of directors on 26th March. Following receipt of feedback from NHS England on the system's plan, a further system submission is required by 30th April. The Trust has been requested to change the expected delivery date for elimination of 52+ week waiters (moved from delivery at the end of quarter 1 to delivery at the end of quarter 2). This paper provides visibility of the plan to a wider audience.

Activity and performance trajectories

Activity and performance trajectories for the full submission include activity plans as well as the performance trajectories included in the headline submission.

Success measures	Period	Target	Trust value	Comment
Reduce the time people wait for elective care				
Improve the percentage of patients waiting no longer than 18 weeks for treatment	Mar-26	65%		Current performance 58.2% (Dec-24). Trajectory under development
Improve the percentage of patients waiting no longer than 18 weeks for a first appointment by at least 5 percentage points year on year	Mar-26	67.7%		Baseline is 62.7% in November making our target 67.7% by Mar-26. Trajectory under development
Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list	Mar-26	1% of total list		Trajectory shows elimination of 52+ week waits by Jun-25
Improve performance against the headline 62-day cancer standard	Mar-26	75%	75%	Trajectory increases from current 71% to 75% by end of the planning period
Improve performance against the 28-day cancer Faster Diagnosis Standard	Mar-26	80%	82%	Achieves compliance
Improve A&E waiting times and ambulance response times				
Improve A&E waiting times	Mar-26	78%	78%	Trajectory show compliance as currently achieving at least this
A&E 12 hours (type 1 only)	2025/26	better than 2024/25		Current proposed trajectory shows absolute number of 12 hour breaches as less than 24/25 forecast outturn
Live within the budget allocated, reducing waste and improving productivity				
Deliver a net balanced financial position	2025/26			Current financial plan shows a deficit but is line with NHSE deficit funding
Reduction in agency expenditure	2025/26	30% reduction on 24/25		Plan delivers the required reduction
Close the activity / WTE gap against pre-COVID levels	2025/26	Not specified		More information about this expected in technical guidance. Model Hospital does publish

				metrics on clinical activity per WTE
--	--	--	--	--------------------------------------

Workforce

Workforce trajectory shows a 5% reduction overall made up of 2% reduction in substantive, 32% reduction in bank and 40% reduction in agency. The plan includes known additions to staff such as through the Community Diagnostic Centre, ICan programme and additional deanery doctors.

Delivery plans include:

- Reduction in bank rates from 31st March 2025
- Reduction of waiting list initiatives being addressed in the quality and productivity workstreams
- Taskforce to reduce sickness absence
- Exit plans for all instances where agency being used
- Payment of shifts at the right band
- Stretch target to be achieved through ongoing grip & control

Financial plan

The expectation is that the trust achieves a balanced financial plan during the year with total expenses of £611.5m. In order for this to be achieved, the trust will receive additional funding from NHS England (the trust's share of the £95m deficit funding across the Black Country system). The trust needs to deliver cost improvement savings of £39m. The table below summarises the current status of these schemes. Schemes for £30m are under development with a further £8.9m unidentified.

Scheme	Status	Outpatients £m	UEC / Non-selective £m	Electives £m	Temporary Staffing £m	Corporate & Commercial £m	Divisional Savings/ Other Acute £m	Total £m	Category
CIP Values identified by Quality and Productivity Groups									
Reduction in WLIs and other costs through improved productivity	Agreed at Group	2.9						2.9	Opportunity
Reduction in WLIs and other costs through improved productivity	Agreed at Group			1.3				1.3	Opportunity
Reduction in Agenda for Change Bank Rates	Previously Agreed				2.2			2.2	Fully developed in delivery
Improved Sickness Rates	Final Agreement Required				0.5			0.5	Opportunity

Right Shift Right Band	Final Agreement Required				0.1			0.1	Opportunity
Agency Reduction	Final Agreement Required				0.35			0.35	Plans in progress
PFI	Agreed at Group					0.65		0.65	Plans in progress
Contract Mgt within divisions	Agreed at Group					0.2		0.2	Opportunity
Corporate Contract Management	Agreed at Group					0.2		0.2	Opportunity
Payroll Shared Service	Agreed at Group					0.05		0.05	Fully developed in delivery
Other Identified CIPs aligned to Groups									
Procurement							0.9	0.9	Fully developed in delivery
CNST	Confirmation required						0.5	0.5	Fully developed in delivery
High Cost Drugs	Confirmation required						0.5	0.5	Fully developed in delivery
Stretch Agreed at Directors		1.1	7.0		2.2	0.8	8.6	19.7	Opportunity
Total identified		4.0	7.0	1.3	5.4	1.9	10.0	30.0	
Unidentified Gap							8.9	8.9	Unidentified
Grand Total		4.0	7.0	1.3	5.4	1.9	19.4	39.0	

3 RISKS AND MITIGATIONS

The following risks have been identified:

- The current level of CIP is high. Urgent work is underway in the quality and productivity workstreams focused on realising the cost opportunity as highlighted in the productivity and efficiency packs. All workstreams are now active;
- NHS operational pressures will impact the ability of service leads and clinical leads to engage in the transformation required to deliver the plan. This will be mitigated by releasing clinical time to support the transformation.

4. RECOMMENDATION(S)

Board of Directors is asked to:

- Approve the content of the annual plan;
- Note the content of the board assurance statement which was forwarded to the ICB.

Ian Chadwell
Deputy Director of Strategy
24th April 2025

Paper for submission to the Public Board of Directors on 8th May 2025.

Report title:	Chief Nurse and Chief Medical Officer Report.
Sponsoring executive:	Martina Morris – Chief Nurse and Director of Infection Prevention and Control Dr Julian Hobbs – Medical Director
Report author:	Chief Nurse and Medical Director Office teams.

1. Summary of key issues

Whilst winter pressures have been a feature of the annual cycle at the Dudley Group NHS Foundation Trust (DGFT). 2024/25 were considered to be more pronounced occurring in the context of three additional factors which included 1) the opening of the Midland Met with uncertainty as to changes in patient flow, 2) the closure of four beds as part of building work to create a new fit for purpose ED resuscitation area and 3) a significant increase in patient admissions with respiratory symptoms.

Assure

Mindful of the impact and anticipating their effect, the Trust has had in place enhanced levels of oversight of the safety of care and the delivery of care bundles at the front door and across the organisation. The safety systems are aligned to the NHS England PIER safety framework with a robust Deteriorating Patient Pathway and the implementation of Martha's Rule contributing.

This paper demonstrates that quality and safety have remained a focus with:

- Stable mortality measures in SHMI and HSMR remaining a positive outlier.
- Increases in bundle compliance for key pathways including pneumonia and Sepsis.
- No new never events reported.
- In hospital cardiac arrests remaining in the 95% confidence interval.
- Adoption of PSRIF noting 14 PSIs were launched in Q4 compared to 6 in Q3.
- Executive led Acutely Unwell Child oversight group formed and effective improvement plan implemented.
- Consistent compliance with AMaT nursing audits.
- Implementation of Clinical Accreditation.

Advise

Some challenges to maintaining quality were noted, which included:

- There was an increase in patient falls during November and December 2024, however, there has been a gradual decline since January 2025. Falls improvement plan remains in place to drive improvements.
- Pressure ulcer incidents increased over the period, in February there was a decline across acute and community, however a slight increase has been noted in March 2025. Despite the higher incidence of pressure ulcers across acute and community, Q3 saw only 1 pressure ulcer deemed moderate harm and Q4 has seen no moderate harm related to Trust acquired pressure ulcers. Acute and community Divisions have an improvement plan and working closely with Tissue Viability team, around upskilling of staff.
- Inpatient matron audits, have been amber rated multiple times across Q3 & Q4, with themes reviewed and remedial actions taken.
- MET calls have been stable at the reduced numbers since DPP was introduced. There has been a significant rise in 2222 calls at both the Guest & Corbett Outpatient centres.

Despite the challenges outlined in this paper, there have been examples of innovation and collaboration. Many of these will lay the foundation for collaboration and integration, a key component of mitigating the impact of winter pressures in 2025/26.

Significant work has been undertaken to maintain a positive patient experience in challenging circumstances.

Anecdotal and key metrics indicate staff have been detrimentally impacted by the pressures faced by the Trust during this period. The next CMO/CNO report will focus on staff well-being, resilience and psychological safety.

This report provides overview of quality at DGFT predominantly during Q3 and Q4 of 2024/25 and considers some of the challenges and successes.

Alert

Nil

2. Alignment to our Vision

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

3. Report journey

Quality Committee - 29th April 2025 and Trust Board - 8th May 2025.

4. Recommendation(s)

The Public Trust Board is asked to:

a) Note the assurances provided relating to Quality and Safety over the winter period.

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		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: NA

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

Chief Medical Officer and Chief Nurse Report.

Executive Summary

The King's Fund reports a perpetual cycle of significant winter pressures related to increasing demand not met by capacity within organisations, and NHS England also draws attention to the wide variation in Emergency Department (ED) performance across the Country with 50% remaining static, 25% improving and 25% worsening. ED crowding is associated with poor operational performance, increased costs and a reduction in safety due to delay in treatments and omissions of care.

Whilst winter pressures have been a feature of the annual cycle at the Dudley Group NHS Foundation Trust (DGFT), 2024/25 were considered to be more pronounced occurring in the context of three additional factors which included 1) the opening of the Midland Met with uncertainty as to changes in patient flow, 2) the closure of four beds as part of building work to create a new fit for purpose ED resuscitation area and 3) a significant increase in patient admissions with respiratory symptoms.

Mindful of the impact and anticipating their effect, the Trust has had in place enhanced levels of oversight of the safety of care and the delivery of care bundles at the front door and across the organisation. This paper demonstrates stabilised mortality measures and increases in bundle compliance for key pathways. There have been no never events reported and in hospital cardiac arrest data remains within the 95% confidence interval. While there were some specific challenges relating to falls and pressure ulcer incidents, overall quality of care appears to have been maintained during this period.

Despite the challenges outlined in this paper, there have been examples of innovation and collaboration that should be recognised. Many of these will lay the foundation for collaboration and integration, a key component of mitigating the impact of winter pressures in 2025/26.

Significant work has been undertaken to maintain a positive patient experience in challenging circumstances. Both anecdotal and key metrics indicate staff have been detrimentally impacted by the pressures faced by the Trust during this period. It is recommended that the impact on staff is explored fully in the next CMO/CNO report.

The full report is in the further reading room and report provides overview of quality at DGFT 2024/25 and considers some of the challenges and successes.

Paper for submission to the Public Board of Directors on 8th May 2025

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

1. Summary of key issues

This report summarises the Trust's Quality and Performance data for the month of March 2025 (January/ February 2025 for Cancer and VTE).

Assure
Quality:

Falls: The overall number of recurrent and inpatient falls have declined further since February. March saw 88 falls, 4 of which were a recurrent fall. There were 0 moderate harm incidents reported.

Stroke: February and March data is currently unvalidated and are provisional. All areas compliant in Jan 2025 - Ward stay 92%, target 85%. Swallow screen performance 98%, target 70%. Thrombolysis 57%, target 50%. High Risk TIA compliant at 91%. Russells Hall Hospital was 2nd out of 9 peer trusts continuing to maintain a SSNAP score of 77 in Q2 which is a SSNAP level B.

Performance:

Emergency Performance: In March ED 4-hour performance was at 80.49% vs the national target of 78%.

Cancer Performance: The 28 day Faster Diagnostic Standard (FDS) achieved 87.1% (February 25 validated) against the constitutional standard of 77%. 31-day combined decision to treat performance achieved 93.6% in February against the national target of 96%. Performance against the 62 Day combined target achieved 70.5% in February which remains above the national target of 70%.

DM01 Performance: March's DM01 performance achieved 86.5%.

Black Country Pathology Service (BCPS): Urgent 10-day Histology: 60% in March against national target 70%. Urgent requesting remained static at 55%.

Elective Restoration & Recovery

18-week performance continues to improve and is now at 59.9% against the end of year target of 64.2%.

Advise
Quality:

Safer staffing: Staffing compliance and care hours per patient per day (CHPPD) remained consistent with February data. There was continued increase in bank costs for registered and clinical support workers due to additional beds remaining open. Bank usage in some areas has

also remained high due to increase in vacancy rates and annual leave. Additional beds on super surge are now closed but additional beds on AMU remain open. Additional TES areas continue to be utilised based on capacity needs, including recent ED corridor utilisation to ensure patients could be off loaded from the ambulances timely due to high demand. Risk assessments continue to be completed prior to the TES areas used.

Safer staffing establishment review – January-February 2025:

- Overall, the safer staffing establishments within the assessed areas are in a positive position to maintain the provision and delivery of safe, effective, high-quality care.
- No serious concerns pertaining to quality and safety have been identified by the Divisional Chief Nurses based on the current establishments. However, based on professional judgement and triangulation of quality metrics and acuity, some clinical areas feel additional staffing or change of skill mix may enhance care and experience in these areas. The Nurse Sensitive Indicators reviewed as part of the review, indicate that ongoing improvement work is required for example, with regards to patient observations, medicine management, pressure ulcers and falls amongst others.
- Inconsistent approach in how the 22% headroom/relief is applied and how this is utilised where in place has been noted, negatively contributing to the bank usage. A discussion was held with the Chief People Officer (interim), Chief Nurse (CN) and Divisional CNs, and agreement reached to standardise the approach across the Trust by recruiting into the 15% headroom/relief and using the rest for contingency cover which should see a positive impact on bank use.
- It is evident from the quantitative data that there is a disconnect between the recommended staffing establishments and the current funded staffing establishments, due to quantitative data collection issues, which we continue to work on. Professional judgement has been a key guiding factor with decision making and the knowledge of seasonal variation within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow and patient experience.
- Following Divisional reviews, a number of recommendations were put forward to increase staffing establishments. As part of the review conducted between the Divisions and Chief Nurse, the majority have not been supported as the review did not highlight any immediate quality and safety concerns requiring changes in establishments. However, establishment changes in two clinical areas are recommended, which include Paediatrics Emergency Department (convert vacant band 6 posts into a Band 7 post to enable 24/7 senior nurse cover) and Paediatrics ward (increase establishment with a clinical Band 7 post). Both recommendations have been supported by the Executive team and will be enacted within the allocated financial envelope. They will strengthen leadership and quality oversight in these areas. Please refer to the Board reading room for more details.

Pressure Ulcers: There has been an increase in all Trust acquired Pressure Ulcers of 171 incidents reported in March. Acute settings reported 80 PUs and Community reported 91 PUs (this excludes MASD & External). Although March has seen an increase from February, this may be due to February being a shorter month. However, the trend is lower than previous months, which demonstrates an improvement overall.

Sepsis: 63% ED patients and 60% inpatients received antibiotics for sepsis within 1 hour of time zero. Matters impacting on compliance include, Delays of documentation of vital signs at the point of care, Delays in commencing screening tool at time zero, Delay in senior clinical review will impact time available to administer antibiotics, increase in additional patients to standard ward format is impacting on timeliness of treatment of inpatients with suspected sepsis. Divisions will report sepsis/ deteriorating patient improvement plans at the next Deteriorating Patient Group meeting in May 2025.

Mental Health (Adults and CYP): There has been 0 patients detained to DGFT on a section 2 or 3 and 1 patient detained on a section 5(2) during March 2025. There have been 3 patients who

have been liable to be detained on a section 2 who have been admitted to acute wards. All three patients, once they completed their physical health treatment, were transferred to mental health hospitals where the section was applied. ED had 4 patients liable to be detained on a section 2 and 1 patient on a section 3. Again, these sections did not become live until they were admitted to mental health hospitals. In terms of informal activity, we were not able to report on this for March 25 as there is a new process in place to report on all MH activity.

43 children with mental health concerns attended the Trust. This is a similar figure to the previous month. Of which, 27 CYP were reviewed within ED and discharged. The remaining 16 were admitted to C2. In terms of the age range of CYP contact for mental health purposes, the 14-15 and 16-17-year-old population are the main age groups with mental health concerns. With the monitoring of the out of area attendances, Sandwell patients are continuing to have a greater representation within the Trust. This may be due to RHH being closer to patients' homes than MMUH.

Chief Nurse Dashboard (inpatient areas): 8 ward areas now reported as RAG red for vacancy WTE data – 50% increase in areas reporting this since January 2025. Rising sickness, which continues to be attributed to seasonal illness, was 9.49% overall in January 2025, now 15.9%. A task and finish group to review patient observations completed on time is in progress to focus on improving performance.

Performance:

ED Triage: February's Overall Triage position is 76.1% 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 10,120 attendances. This has increased when compared to the previous month of February with 8,402. 21 out of the 31 days saw >300 patients. 3,215 patients arrived by ambulance; this shows an increase from the 3,189 ambulances that attended last month. 529 of these offloads took <1hr (16%). This is the same as our performance when compared with last month's performance of 20%.

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 & 62 combined actions

- Prostate: increased first OPA and biopsy capacity required for April. Extra capacity planned.
- Gynae: remains challenged. ICB aware and the team are working on extra capacity.
- Extra capacity requirements across all pathways continues to be monitored.

DM01: Dexamethasone, Endoscopy, Cardiology and Ultrasound are performing well at 95% or above. Sleep Studies, Cardiac MRI and Cardiac CT remain challenged.

Sleep studies backlog has significantly impacted the overall DM01 position. March performance is 41.63%. There is a recovery plan to improve this position by end of June 2025. Increased staffing and additional equipment will provide extra capacity. Respiratory to commence in CDC over coming weeks. Suitable space for services to operate is in progress.

Elective Restoration & Recovery: 52-week performance has seen some deterioration in March. The latest position is 388 behind plan. Investigation underway to understand the sudden drop off in performance.

Alert

Quality:

Infection Prevention and Control: The trust has reported 3 Hospital-Onset Healthcare Associated (HOHA) cases of Clostridium difficile (CDI) and 3 Community-Onset Healthcare Associated (COHA) cases in March 2025, this shows a total of 97 cases against a threshold of 73 for 2024/25. CDI continues to increase nationally, and the Trust attends the ICB Task and Finish CDI group. The Infection Prevention and Control Team (IPCT) completed a CDI thematic review for Q3, Q4 is underway and at present, there is no new identified learning. When comparing CDI cases and DGFT admissions, they have similar peak patterns, there is a noticeable increase in both CDI cases and admissions over the past three financial years. In terms of other infections, 4 HOHA and 3 COHA cases of E coli blood stream infection (BSI) were reported, a total of 79 against a threshold of 75 for 2024/25. 3 HOHA and 3 COHA cases of *Klebsiella spp.* BSI were reported, a total of 32 against a threshold of 19 for 2024/25. 1 HOHA and 1 COHA MSSA bacteremia cases were reported, with a total of 52 for 2024/25.

The Trust has reviewed its Cleaning and Disinfection of Environment policy, in line with National Standards of Healthcare Cleanliness (NSoHC, January 2025) and strengthened various aspects to ensure that cleaning and disinfection are provided as per the requirement. All areas have been reviewed and mapped against the FR1–6 ratings detailed in the NSoHC 2025 with different work areas in larger departments being separated out according to the clinical activity taking place within each area, rather than just the name of that area. During this review, 30 areas have had their functional risk rating reduced and 8 areas have had their functional risk rating increased. A Quality Impact Assessment has been completed as part of this review to assess and mitigate any risks associated with these changes. There remains robust oversight of cleanliness across the organisation, with prompt escalation when concerns are identified. Over the last couple of months, we have seen an increase in norovirus across the Trust and a decision was made to introduce chlore clean in all areas to reduce the risk of infection spread.

The IPC BAF is enclosed in the reading room for information and outlines the Trust's compliance. The BAF has recently been updated by NHS England and the Trust will adopt the latest version going forward.

Vital Signs Compliance: The compliance for observations (vital signs) on time demonstrates an increase in compliance from 51.11% to 52.05% of all vital signs recorded in March. Vital signs are often continued in patients reaching their end of life unnecessarily, these patients may be scoring highly on NEWS2 requiring increased monitoring that can be uncomfortable. There remains a significant number of patients (5848) that staff have taken over 15 minutes to document the vital signs from the point of undertaking them. A Task and Finish improvement group has been established with 4 wards areas across medicine and surgery to better understand the problems and solutions, to enable an improvement plan, with first meeting planned for May 2025.

Performance

- Nil to report

to note that detailed reports are in the further reading pack associated with this meeting

2. Alignment to our Vision

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

3. Report journey
Trust Management Group Quality Committee Public Trust Board

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note and discuss contents of this report and gain assurance on oversight of quality, safety and operational performance.

5. Impact		
Board Assurance Framework Risk 1.1	x	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	x	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	x	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	x	Achieve operational performance requirements
Board Assurance Framework Risk 8.0		Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

Paper for submission to the Public Board of Directors 8th May 2025

Report title:	Perinatal Quality Surveillance Report
Sponsoring executive/ Presenters	Martina Morris, Chief Nurse and Board Level Maternity Safety Champion Claire Macdiarmid, Director of Midwifery Basem Muammar, Clinical Director for Obstetrics and Gynaecology
Report author:	Claire Macdiarmid, Director of Midwifery

1. Summary of key issues

Assure

All mortality data remains below the national average and work remains ongoing to further analyse areas such as ethnicity and deprivation where we know there are inequalities within the borough.

The Regional ODN undertook a visit to review Neonatal services on the 24th March 2025. Feedback was very positive, with a small number of areas highlighted requiring improvement. The team were commended for their hard work and evidence of their ability to drive forward excellence.

The Local Maternity Neonatal System (LMNS) and Midlands NHSE Perinatal teams visited Maternity services for an insight visit on the 25th April 2025. Feedback was very positive with a small number of issues identified as requiring additional action.

Maternity Incentive Scheme (MIS) year 7 launched on April 7th. The team are currently undertaking work to ensure compliance across all ten safety actions.

A peri-prem summary is included in the paper with excellent areas of practice, with three elements having been at 100% for a whole year.

Advise

There has been one new case referred to the Maternity and Newborn Safety Investigations (MNSI) in March and 2 new PSII opened. There has been 2 closed PSII cases in March and learning is detailed within the report.

Saving Babies Lives (SBL) is currently 99% compliant with one element yet for completion which will require the support of the system to be fully completed. Version 3.2 launched on the 26th April, the team are undertaking a gap analysis and will work with the LMNS to map current position.

The regional Heatmap score has increased to 27 for March. The increase reflects the MBRRACE 2023 perinatal mortality data that was recently published. As a result of focussed improvement work, perinatal mortality has greatly improved since this time. The score of 5 for *senior leadership not in post*, will be rectified in the coming weeks.

Alert

Nil

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

3. Report journey
LMNS Perinatal Quality Surveillance. Quality Committee – April 2025.

4. Recommendation(s)
a) The Public Board is asked to accept this report as assurance against the national requirements for Boards to have oversight of maternity services with a dataset of information as set out by the Perinatal quality surveillance model, and the three year delivery plan.

5. Impact		
Board Assurance Framework Risk 1.1		Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2		Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0		Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0		Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0		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		

REPORT FOR ASSURANCE

Perinatal Clinical Quality Surveillance Report to Public Board of Directors 8th May 2025

1 EXECUTIVE SUMMARY

1.1 This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety as outlined in the NHS England/Improvement (NHSEI) document “Implementing a revised perinatal quality surveillance model” (December 2020). The purpose of the report is to inform the Quality Committee, Trust Board and Local Maternity and Neonatal System (LMNS) board of present or emerging safety concerns or activity to ensure safety with a two-way reflection of ward to board insight across the multidisciplinary multi professional maternity and neonatal service teams. The information within the report will reflect actions in line with Ockenden and 3-year delivery plan and progress made in response to any identified concerns at provider level.

1.2 In line with the perinatal surveillance model, the Trust is required to report the information outlined in the data measures proforma monthly to the trust board. Data contained within this report is for **February and March 2025**. Please note that the PQSM is due to be revised during 2025 to the Perinatal Quality Oversight Model (PQOM). Further guidance is awaited from NHSE/NHSR on this change.

2. BACKGROUND INFORMATION

Table 1 demonstrates up to date position on perinatal quality surveillance. Two areas are highlighted in red. Firstly being Safeguarding children training for obstetrics- this is position is being targeted by the leadership teams. The second red RAG rating remains the response rate for friends and family. This remains a challenge, and the ward and community teams continue to trial new ways to improve this figure. All other data shows a maintained or improved position.

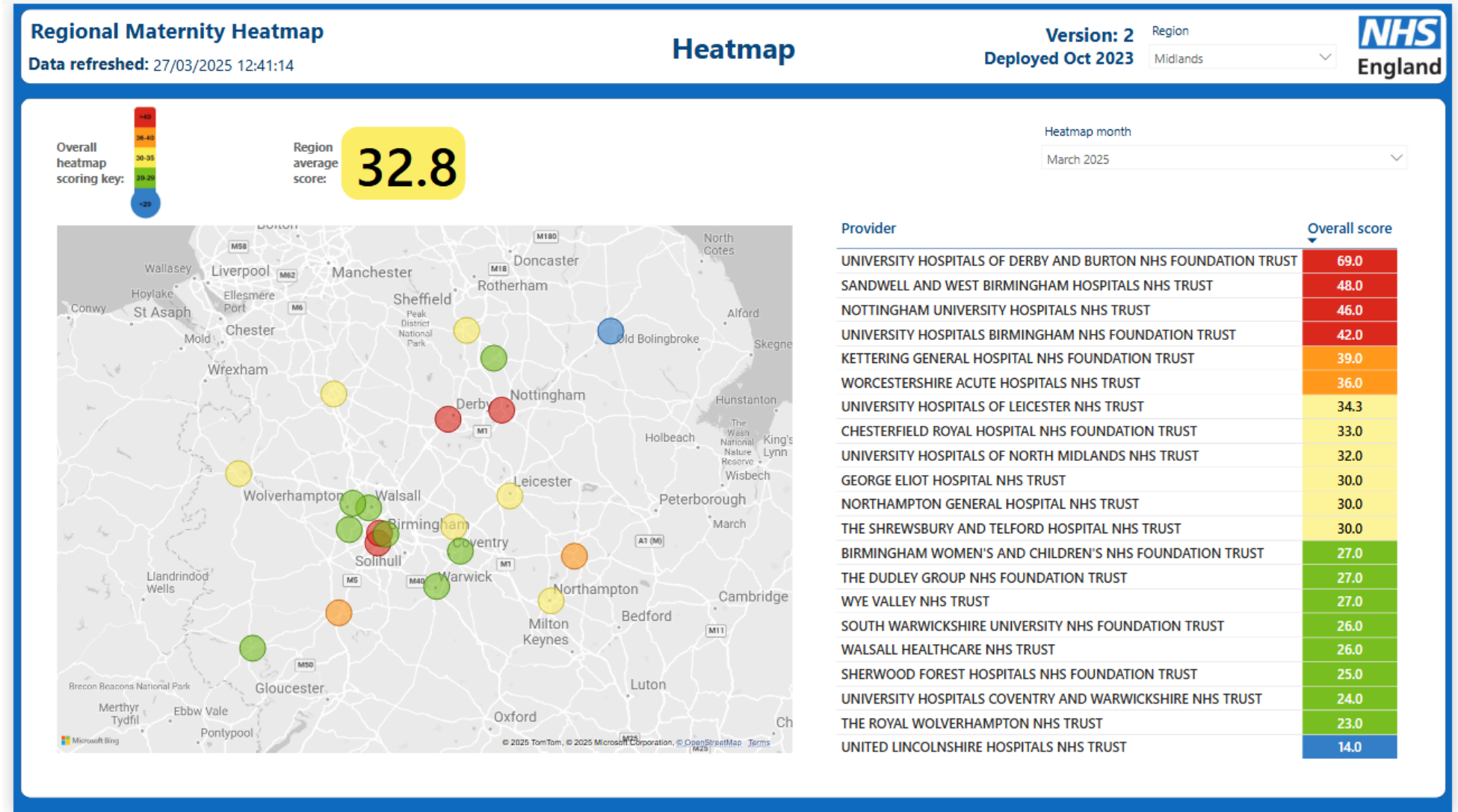
Table 2 demonstrates updated position on the Midlands regional heatmap for March 2025. Dudley Group have increased their score to 27 due to the publication of the 2023 MBBRACE perinatal mortality data. The scoring relating to leadership posts is aimed to be resolved within the coming weeks and will reduce the score by 5.

Table 1: Perinatal Safety data including mortality and serious incidents.

	CQC Maternity Inspection April 2023 (safe and Well Led) (Previous rating from 2019)	Safe		Effective	Caring	Well-Led	Responsive										
		Good		Good	Good	Good	Good										
		2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
		Jan	Feb	March	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	
PMRT	Perinatal Mortality Review Tool cases opened in month	1	0	4	1	1	2	0	2	0	1	3	2	1	0	1	
	PMRT reviewed in month	2	1	2	2	2	2	2	0	2	1	4	2	2	4	2	
HSIB/ MNSI	Number of cases referred to and accepted by MNSI (with 72 hr review)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Reports received from MNSI	0	0	0	1	2	0	1 (SWBH)	0	1 (RWT)	0	0	0	0	0	0	
	MNSI investigations ongoing	4	4	4	3	1	1	1 (RWT)	1 (RWT)	0	0	0	0	0	0	0	
	MNSI open action plans	0	0	0	1	1											
PSIRF	New MNSI															1	
	The number of incidents logged as moderate or above:	1	0	1	0	0	2	0	1	1	1	0	0	0	1	1	
	PSII Reported	0	1	0	0	0	4	0	1	0	1	0	0	0	1	1	
	PSII Completed	0	0	0	2	0	1	0	0	0	0	1	3	1	0	0	
	PSII Ongoing	2	3	3	1	1	4	4	5	5	6	5	2	1	2	3	
	Outstanding Investigation Actions - overdue	7	3	3	5												
	Outstanding Investigation Actions - open			6	7												
	Maternity Incidents Improvement Plan - overdue actions					12	12	10	13	18	19	13	17	13	12	15	
Clinical Outcome measures	Maternity Incidents Improvement Plan - open actions					13	15	18	28	24	23	17	31	24	21	18	
	Stillbirth rate (National crude rate 3.54 per 1000 births)	2.44	2.43	3.4	2.9	2.62	2.62	2.63	2.39	1.92	1.92	2.68	2.92	3.17	3.19	2.46	
	Neonatal Death Rate 1.65 (> 22+0 - up to 28 days post delivery)	2.44	2.19	2.19	2.18	1.67	1.67	1.68	1.2	1.2	0.72	0.73	0.73	0.49	0.49	0.49	
	Neonatal death rate only including babies born over 24/40			1.21	1.21	0.96	0.95	0.96	0.72	0.72	0.24	0.24	0.24	0.24	0.24	0.24	
	Total Perinatal Mortality Rate (MBRRACE figure 5.19 per 1000 births)	4.88	4.62	5.59	5.08	4.29	4.29	4.3	3.52	3.13	2.64	3.68	3.65	3.65	3.69	2.95	
Appraisals	Avoidable term admission to NNU (reported quarterly)	3			4			3			5						
	All Maternity staff (90%) (Appraisal window April-July)						93% (16.7.24)	94.30%	94.30%								
Midwifery Training	Fetal Monitoring Training (90%)*	99%	97%	98%	96%	96%	99%	98%	98%	99%	99%	100%	98%	99.00%	97%	98%	
	Obstetric Emergency Simulation Training (PROMPT) (90%)*	99%	97%	96%	96%	98%	99%	99%	97%	99%	100%	100%	98%	98.00%	99%	99%	
	Safeguarding (level 3) Adult (90%) (Database not accurate)	84%	83%	77%	70%	83%	78%	85%	90%	90%	91%	87%	91%	92.00%	84%	91%	
	Safeguarding (level 3) Children (90%)	78%	79%	82%	79%	83%	80%	90%	94%	95%	88%	86%	89%	80.00%	78%	83%	
	Neonatal Resuscitation (90-95%)*	93%	92%	90%	86%	90%	87%	88%	90%	90%	90%	92%	94%	96.00%	94%	95%	
Obstetrics Training	Adult Resuscitation (90 - 95%)*	94%	93%	91%	86%	84%	88%	90%	91%	92%	91%	92%	93%	92.00%	92%	92%	
	Fetal Monitoring Training (90%)*	97%	100%	100%	95%	95%	98%	98%	97%	97%	97%	100%	100%	100.00%	98%	100%	
	Obstetric Emergency Simulation Training (PROMPT) (90%)*	92%	97%	97%	95%	100%	100%	98%	97%	97%	98%	98%	100%	98.00%	97%	98%	
	Safeguarding (level 3) Adult (90%)	81%	73%	73%	80%	80%	93%	93%	94%	100%	100%	80%	100%	100.00%	100%	100%	
	Safeguarding (level 3) Children (90%)	68%	68%	71%	72%	80%	80%	80%	86%	66%	73%	82%	89%	85.00%	66%	70%	
Safe staffing	Neonatal Resuscitation (90-95%)*	86%	85%	80%	90%	92%	87%	90%	92%	90%	97%	90%	96%	90.00%	90%	97%	
	Adult Resuscitation (90 - 95%)*	86%	85%	91%	88%	90%	91%	90%	91%	90%	97%	95%	95%	90.00%	90%	92%	
	Obstetric consultant cover on delivery suite	91	91	91	91	91	91	91	91	91	91	91	91	91	91	91	
	Vacancies midwifery (WTE)	0	0	0	0	0	0	0	0	0	0	0	4	9	9	12	
	Obstetric Consultant vacancies (WTE)	0	0	0	0	0	0	0	0	0	0	0	0.4	0.4	0.4	0.4	
	Total Red flag data: Total number of red flags (As per acuity tool)	5	1	0	14	14	12	8	2	6	4	3	3	7	2	7	
	Shift Leader supernumary at start of shift : % of time	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	1:1 care in labour achieved	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Birth Before Arrival (BBA)	2	1	1	3	2	2	1 (unbooked)	1	2	1	3	2	2	0	1	

Service user feedback	MVP (Quarterly)	.	.	6.3.24	.	.	6.6.24	.	.	16.09.24	.	.	17.12.24	.	.	18.03.25
	MNVP Extraordinary meetings* Bereavement / Neonatal / EDI	.	.	21.3.24	25.4.24	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Engagement	Response Rate (%)	7.00%	11.00%	25.00%	33.00%	17.00%	20.00%	19.00%	12.00%	26.00%	11.00%	9.00%	12.00%	14%	13%	15%
	Recommendation Response Rate (Good/ Very Good %)	17.00%	86.00%	81.00%	82.00%	77%	89.00%	88.00%	84.00%	83.00%	76.00%	76.00%	84.00%	85%	90%	75%
	PALS	3	9	5	3	4	9	5	7	8	1	6	1	5	9	6
	Complaints	5	5	3	6	4	6	4	1	7	5	5	7	4	5	4
	Compliments	71	65	70	72	67	67	59	65	65	62	72	80	58	77	64
Safety Champion	Maternity Safety champions walk- about	None	Cancelled	None	none	13.5.24		24.7.24		25.9.24		04.11.2024		21.01.25	06.02.25	26.03.25
	Maternity and Neonatal Safety Champion Meeting	None	28/2/24	None	24.4.24		26.6.24		28.8.24		30.10.24		18.12.24			31.03.25
	Perinatal Assurance meeting (previously Maternity Quad / MIS)	None	None	None	25.4.24	Kornferry	None	01.07.24	28.08.24			04.11.24		06.01.25		
External	MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with the trust	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Legal	New Legal cases (Maternity only- Including Coroners cases and ENS claims)	0	0	0	3	0	2	0	0	1	1	0	0	2		1
	Ongoing Claims Cases													17		17
	Ongoing Early Notification Scheme Cases													5		4
Annual Response	Proportion of Midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	60.60%														
	Proportion of all doctors responding with 'excellent or good' on how they would rate the quality of clincial supervision out of hours	57.10%														
	Speciality OBS/Gynae with 'Good' or 'Excellent' for support	Awaiting														

Table 2: Regional Maternity Heatmap



Regional Maternity Heatmap

Data refreshed: 27/03/2025 12:41:14

Scoring

Region

Midlands



Heatmap month

March 2025

Provider	Overall score	CQC Mat overall rating	Stake holder concerns	CQC S29a	CQC s31	Ext. ind. review	Coroner reg 28	Mat Oversight	MIS	CNST repayment	Eth. DQ	CQC Mat Survey	SBL	Midw ives vac.	MSW vac.	Obs vac.	Unfilled roles	Snr L'ship not in post	Safety champs	Birthrate + (last 3 yrs)	Neonatal death rate	Perinatal death rate	Stillbirth rate
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	27.0	1.0	1	0	0	0	0	0	0	0	0	4	3	0	2	3	0	0	0	0	5	5	3
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	33.0	3.0	1	0	0	0	0	2	3	0	0	0	3	2	3	2	0	5	0	0	3	3	3
GEORGE ELIOT HOSPITAL NHS TRUST	30.0	1.0	2	0	0	0	0	0	0	0	0	3	3	2	4	3	1	0	0	0	5	3	3
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	39.0	3.0	3	0	0	0	0	5	2	0	0	3	3	3	2	1	1	0	0	0	5	5	3
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	30.0	3.0	1	0	0	0	0	0	2	0	0	3	3	3	1	5	0	0	0	0	3	3	3
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	46.0	3.0	6	0	0	5	0	5	4	0	0	3	3	3	1	5	4	0	0	0	1	3	3
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	48.0	3.0	4	5	0	0	0	3	0	0	0	3	3	3	5	4	0	0	0	0	5	5	5
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	25.0	1.0	2	0	0	0	0	0	0	0	0	3	3	1	5	1	0	0	0	0	3	3	3
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST	26.0	1.0	1	0	0	0	0	0	0	0	3	2	3	0	5	0	0	0	0	0	5	3	3
THE DUDLEY GROUP NHS FOUNDATION TRUST	27.0	1.0	2	0	0	0	0	0	0	0	0	4	0	0	1	1	0	5	0	0	5	5	3
THE ROYAL WOLVERHAMPTON NHS TRUST	23.0	1.0	2	0	0	0	0	0	0	0	0	3	3	0	1	3	0	0	0	3	1	3	3
THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	30.0	2.0	3	0	0	0	0	5	0	0	0	3	3	0	0	2	1	0	0	0	5	3	3
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	14.0	1.0	0	0	0	0	0	0	0	0	0	1	3	0	2	0	0	0	0	0	1	3	3
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	42.0	4.0	7	0	0	0	0	5	3	0	0	5	3	3	1	0	0	0	0	0	5	3	3
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	24.0	1.0	1	0	0	0	0	0	0	0	0	3	3	3	2	4	0	0	0	0	1	3	3
UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	69.0	5.0	7	10	10	0	4	5	5	0	0	3	3	0	5	0	0	5	0	0	1	3	3
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	34.3	2.3	3	0	0	0	0	3	0	0	0	3	3	1	1	5	0	0	0	0	5	5	3
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	32.0	3.0	1	0	0	0	0	2	0	0	0	3	3	1	4	1	0	0	0	1	5	5	3
WALSALL HEALTHCARE NHS TRUST	26.0	3.0	3	0	0	0	0	0	0	0	0	3	3	1	3	1	0	0	0	0	3	3	3
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	36.0	1.0	3	0	0	0	0	2	2	0	3	3	3	1	5	0	0	0	0	0	5	5	3
WYE VALLEY NHS TRUST	27.0	1.0	0	0	0	0	0	2	0	0	0	3	3	1	2	0	1	5	0	0	3	3	3

2.1 Serious incidents and Maternity and Newborn Safety Investigations

There was 1 case referred to the Maternity and Newborn Safety Investigations (MNSI) during February and March 2025, by the Trust.

- INC170805 Baby transferred to tertiary unit for cooling

There have been 2 new incident responses commenced during February and March 2025.

- INC167451 Missed abnormal result
- INC166136 NND at 23+

There were 2 Patient safety incident investigations (PSII) concluded during February/March 2025.

INC152507 Stillbirth (Pre-delivery)

Areas identified for improvement were as follows:

- Staff awareness that “mixed growth” result for Mid stream urine requires repeat test
- Use of “DNA” documentation in relation to “opt in” services (did not attend).
- Professional curiosity to ensure needs of women with social complexities understood and supported
- Assurance doctors have adequate training and competence to undertake Ultrasound scan (USS).
- Ensure closed loop communication & SBAR principles used in verbal handover for emergency situations
- Staff awareness of where to review progress of USS on electronic record

INC156136 Fetal malformation undiagnosed before birth

Areas identified for improvement were as follows:

- Ensure closed-loop communication to ensure parents understanding.
- An agreed list of scan findings that require flagging is being developed within Obstetric Sonography to highlight concerns
- A standardised operating procedure is being developed to standardise requirement to review all scans prior to newborn infant physical examination (NIPE)

2.2 Perinatal Mortality report Quarter 4

To summarise the current mortality data, the Trust Stillbirth rate for March has reduced to 2.49 per 1000 births, national rate is 3.35. Neonatal death rate for all babies born from 22 weeks of gestation is 0.49 per 1000 births, national rate is 1.69. Extended perinatal mortality rate is currently 2.95 per 2000 births, national rate is 5.19.

Of the 10 women who sadly experienced a stillbirth over the last 12 months, 7 (70%) of the are within the most deprived deciles, 1-2. Our most recent data (31/3/24-1/4/25) indicates that just under 50% of our birthing population who book a pregnancy with us at DGFT live in the 2 most deprived deciles which again indicates an over representation of people experiencing a stillbirth who are also classified as living with deprivation. Work is ongoing nationally and locally working with actions from the Equity and equality action plan in enhancing maternity continuity of carer (EMCoC), which has been proven to reduce poor outcomes for at risk populations and families. This includes targeted work looking at cause of congenital abnormalities to include sharing work from regional organisations relating to births from consanguineous relationships and the impact this may have on our mortality rate, and additional support we may be able to provide to our local communities.

The Maternity team currently have three enhanced continuity teams available to families. These cover the Rainbow pathway, Diabetes pathways and Social complexities. Further work is being completed to expand available teams and the way of working. Further data is required to measure the impact. Feedback has been very positive to date from families using the services.

2.3 Coroner Regulation 28 made directly to the Trust

There were 0 Coroner regulation 28 made directly to the Trust in respect of perinatal or maternal deaths in February or March 2025.

2.4 Maternity Safety Champions

Maternity Safety Champion (MSC) meetings occur bimonthly alternating with the MSC walkaround. The last meeting was 31st March 2025. Topics discussed were:

- The Trust response to the MRRACE Perinatal mortality data 2023 was presented and discussed. The MSC team recognised that this data was now historic, the team were commended for recognising the increase in NND rate and undertaking a very in-depth thematic review and actions following. The MSC also noted the NND rate as now well below the national average rate.
- Following on from this, discussions were had around consanguineous marriage in relation to the outcomes from the report.
- Discussion around long term data following perinatal optimisation and SBL implementation.
- Home phototherapy was presented and commended by the MSC.
- Neonatal Safety champion update – staff recruitment, call bell installation in relatives room.

A planned Maternity Safety Champion walkaround took place on the 26th and 27th March. Feedback from Martina Morris, Chief Nurse and MSC, Jo Malpass, Interim Deputy Group Director of Operations – Surgery, Women and Children Division, Professor Liz Hughes Non-executive director and Board Level Safety Champion and Donna Cox Deputy Matron for Inpatient is as follows:

Main highlights:

- The handover was well attended by the MDT.
- There were no staffing concerns highlighted on the day, staff were polite and welcoming.
- Staffing levels were as planned and adequate for the activity.
- Areas were visibly clean and welcoming.
- Positive comments re newly refurbished room 22 on delivery suite.
- The patients were complimentary about the care they received, all had delivered previously at Dudley and returned based on their previous experiences.
- One lady reported that she felt she had not received sufficient information regarding the length of stay required for steroids prior to her elective caesarean section, however she felt this was resolved quickly when she telephoned the unit.
- The midwives discussed concerns regarding the levels of medical staffing. Currently there are a number of consultants not participating in the on call rota leading to an increase in the use of locum consultants. It was also raised that there are resident doctor gaps which have yet to be recruited to; these fixed term posts have been readvertised. These gaps cause particular concerns when both tier 2 and 3 are filled with agency locums. There has been approval from the executive team to recruit 3 fixed term Trust locums to support the service. There is a wider capacity/ demand piece of work being undertaken to review medical staffing in obstetric and gynaecology.

The next planned MSC meeting is 5th June 2025, and updates will be provided on all issues raised above.

2.5 External Reviews

2.5.1 Neonatal Network Peer review

A neonatal peer review was undertaken on the 24th March by the West Midlands ODN. A report is expected to be received around 12 weeks from the date of the visit. Overall, very positive feedback was received with some areas for further attention. There was acknowledgement to the team for their hard work and driving forward excellence and the visible improvements seen.

2.5.2 Local Maternity and Neonatal system, and Regional NHSE insight visit

The Maternity unit welcomed members of the LMNS and NHSE regional Maternity teams on the 25th April for the annual insight visit. We await the formal report however verbal feedback was received on the day that was very positive with praise for the continued quality improvement, the open culture and visible leadership. Further attention is required relating to Medical workforce, triage process and community midwifery staffing. The team were well sited on these issues and are working to rectify position.

Overall, the team were very impressed with the progress and visible improvements seen within the Maternity unit. They felt the teams had good oversight of their issues and challenges and invited the team to share their work across the region.

2.6 Saving Babies Lives

The current implementation percentage of Saving Babies Lives Care Bundle version 3 (SBLCBv3) is 99%, which has been validated by the Local Maternity and Neonatal System (LMNS). To achieve 100% compliance the remaining intervention to be completed is within Element 2, intervention ref 2.14.

This gap in compliance surrounds the use of the PIGF/sflt1 test, which is currently not available within the Black Country. This is also due to be included on the risk register for the Trust and plans to ensure this aspect is implemented in a timely manner are a priority. It has been highlighted that no trust can achieve 100% until PIGF is implemented. The possibility of a business case is being scoped, to ensure full compliance. Compliant with Saving babies lives is a requirement of MIS year 7.

**Saving babies lives version 3.2 launched on the 26th April 2025. The team are currently undertaking a gap analysis against the updated standards and this will be presented to the Quality committee and the LMNS.*

2.7 PERIprem

PERIprem data is monitored via the LMNS and Maternity safety champions. Please notes the numbers of women and babies counted can be very small which causes large fluctuations month on month.

Birth in the right place: Only one baby born out of pathway during Q3, and it was deemed not possible to transfer her out before the birth occurred.

Areas requiring further attention is antenatal steroid administration, magnesium sulphate administration and early breast milk. Work is ongoing across both teams to enhance these figures.

Areas out outstanding performance are:

- Caffeine administration: 100% compliance across the whole year
- Probiotics: 100% for quarter
- Volume guaranteed ventilation, 100% for a whole year
- Prophylactic hydrocortisone, a whole year of 100%.

2.8 MIS year 6

There is currently a public embargo on the outcome of MIS year 6 at the current time and we will be notified when this has been lifted however a positive outcome is currently indicated for the Trust.

2.9 MIS year 7

Year 7 of the Maternity incentive scheme was formally launched by NHSR on the 2nd April 2025. All 10 safety action themes remain unchanged however some of the content and technical detail has been amended. Initial reviews show that the trust would be in a position to be able to achieve all safety actions. Updates will be brought to this committee on a bi-monthly basis

[MIS-Year-7-guidance.pdf](#)

2.10 Service user feedback

Service user feedback- Friends and Family results February and March 2025 as per Perinatal Safety Data tool.

Feedback from the Friends and family feedback for March included the following comments:

What was good about your visit?

All staff were kind and patient, was made to feel valued as a person. I was given food also quickly and looked after well. Thank you so much.

The level of care and consideration has been impeccable! Every person we have come in contact with from the security guard, midwives, anaesthetic team and maternity support staff have provided very high quality of care and made the process the most memorable as a first time mum.

I wouldn't change anything, Russells hall hospital should be very proud of their staff who are kind, compassionate, treat people with dignity and respect and have an obvious passion for the job and supporting others. Each team member is a credit to the hospital and I wish I could mention them all by name.

What could have made it better?

Long stay would benefit from better chairs for partners- very upright and uncomfortable. Some of the male doctors could be a bit more empathetic.

A nicer room to have bloods, not just a cupboard. (ANC)

Somewhere for partner to sleep/feel comfortable, recliner chair.

*To note the Postnatal ward areas do now have a number of recliner chairs available for partners when they choose to stay overnight. We cannot however provide food and drinks for partners throughout their stay.

3. RECOMMENDATION

3.1 The Board is invited to accept the paper as assurance against all national standards and requirements including SBLV3 and Perinatal quality surveillance model (Ockenden 2022).

Date: 27th April 2025

Name of Authors: Claire Macdiarmid

Title of Author Director of Midwifery

Paper for submission to the Board of Directors on 8th May 2025

Report title:	Lessons Learned from The Dudley Group Winter Plan 2024/25
Sponsoring executive:	Karen Kelly, Chief Operating Officer
Report author:	Rory McMahon, Director of Operations, Medicine

Summary of key issues using Assure, Advise and Alert

Assure

The operational divisions at The Dudley Group have conducted a post winter review and thorough learning exercise, chronologically examining the planning and execution process of the winter plan 2024/25.

The lessons learned should form key maxims relating to future Winter Plans, and relate to securing robust capacity which can flex in times of extreme pressure for the coming winter 2025/26.

Advise

Lessons have been learned around forecasting, workforce, planning, and system resilience which are detailed within this paper

Alert

Winter 2024/5 was challenging for all at the Dudley Group. As with any process, however, value has been drawn from the review and reflection on last year's plan – and the ability to subsequently apply the learning to future processes to attain maximum efficiency.

For 2025/26 the national expectation as part of the new Urgent and Emergency Care plan is that all organisations and systems will need to have the winter planning signed off by the end of summer. The lessons learned included in this paper will be incorporated into the plan, alongside shared learning from our system partners and delivered to the Trust Board in September 2025.

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

18/3 – Trust Executive

4. Recommendations

The Public Trust Board is asked to:

- Review** and Discuss the performance of the winter plan 2024/25
- Review** and Discuss the performance of the trust's key metrics over winter
- Discuss and Accept** the Winter Plan Lessons Learned

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 6.0	X	Build innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Report to Board of Directors

Lessons Learned from The Dudley Group Winter Plan 2024/25

Contents:

1. Executive Summary – High level lessons learned
2. Summary of Winter Plan
3. Performance Context
 - a) Operational Performance
 - b) Staff Experience
 - c) Patient Experience
4. Reactive Divisional Interventions
 - a) Medicine Division
 - b) Surgery Division
 - c) Place Division
 - d) CCCS Division
5. ICB Modelling
6. Success and failure of interventions in Winter Plan

1. Executive Summary – High Level Lessons Learned

During the winter of 24/5, the trust planned to pilot a 'Community First, Hospital when necessary' approach to the management of acute admissions and thus bed pressures at DGFT.

The mitigations scheduled within the winter plan, for a number of reasons detailed within this paper did not provide the expected level of mitigation against the number of extra patients who presented at the trust

The following learning points have been identified following a review process:

Lesson 1: Adherence to the organisational plan is important. The decision to deviate from the community hub model piloted by Enfield, a decision which was made at Divisional level, compromised the effectiveness of the winter plan. The intervention was worth 39 beds, and paring down the model from a cost of £1.1m to £400k ultimately led to its abandonment, as the new, untested model did not work, and gave executives no choice but to stand it down.

Lesson 2: Plan independently of Integrated Care Board (ICB) for winter pressures. ICB modelling was, as openly acknowledged by the ICB, not entirely accurate – from the magnitude of the peak to the timing of the peak, to the geographical nature of the patients presenting at the front door. Partnership working and focus on local knowledge of past winters is crucial to getting this right next time.

Lesson 3: Build in Super surge Capacity. Optimised systems do not work at 100% operationalisation at all times. According to the Kings Fund, the optimal capacity position for a trust is 94.5% of the commissioned bed base. DGFT have spent all winter above 100% - and as of the date of writing, are at 98.5% even in summer months.

Future plans should include extra, unanticipated contingency capacity in this regard. All efforts, as per the advice from the NHSE national team led by Chris Morrow-Frost, should be made to avoid the bedding of SDEC. There is a further requirement to initiate a robust system approach to planning across all services, which and links to EPRR teams and other trusts. The trust's proposed move to a community-based model of care, specifically as part of a future AMRAT model, should offset this.

Lesson 4: Improve Clinical Engagement. The winter plan was operationally led, and did not sufficiently engage our clinicians at the trust; as a result valuable feedback was not ascertained and thus not acted upon. This is planned to be managed differently this coming year.

Lesson 5: Focus on the Quality Impact: there was insufficient focus on quality metrics within the plan – including not only the quality of environment delivered for patients, but also for staff. Our Chief Nurse, Martina Morris, has offered valuable guidance in this regard.

2. Summary of Winter Plan 2024/25

The winter plan was based on an ethos of community first; that is a range of interventions based in the community, virtual wards and a community hub offer that extended to care homes and ambulances.

During the summer of 2024, The divisions worked together in order to maximise admission avoidance to the DGFT bed base, and came within 15 beds of the assurance required by the ICB in terms of combined winter and Midland Metropolitan University Hospital (MMUH).

The Executive Committee and Board were sighted on the governance surrounding the development and reporting of the Midland Metropolitan University Hospital (MMUH) impact modelling and mitigations planning which informed the winter plan.

Figure 1: Winter and Midland Metropolitan University Hospital plan mitigations



The two pie charts above show the plan and gap relative to the 65 beds that the trust had internally calculated that MMUH would cause (as opposed to the ICB calculated total of 29); and the 76-bed gap the ICB had calculated to the winter plan. Both figures were to peak.

Distinct interventions included

- A 10-bed virtual acute ward
- 24 extra beds released through rationalisation of the community hub funding (above) ; i.e. the extra beds released due to lowering of the unit cost within the same cost envelope
- 15 beds released through adherence to the 35/20 Complex Discharge KPI; that is to say that the trust will achieve 35 complex discharges on a weekday, and 20 on a weekend day.
- 18-bed frailty virtual ward
- 11-bed estate at Rowley

d) Community with Core Clinical Services (CCCS) Division

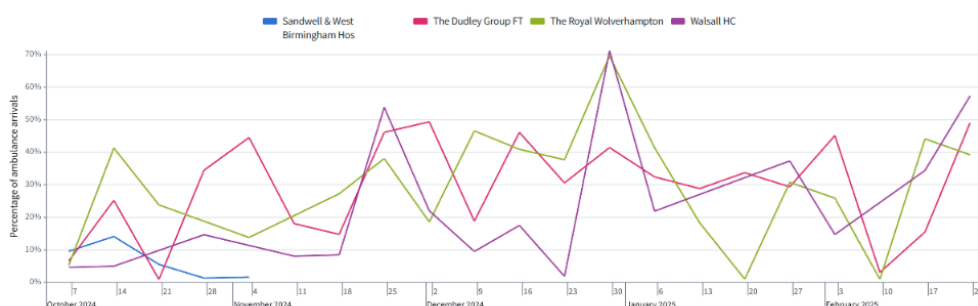
Community with Core Clinical Services (CCCS) Division, to support the reduction of bed occupancy, and to support the discharge decision making at ward and board rounds. implemented the bringing forward of patients for CT scanning every evening (17.00-20.00) and revised the phlebotomy rotas where possible to ensure all wards had been attended by a phlebotomist by 12.00. The division also sought to increase the number of discharge facilitators in the Complex Discharge Team, to allow for one Discharge Facilitator per ward each weekday, and increasing workforce numbers at the weekend, to further strengthen ward based MDT working and aiding planning admission on discharge. The IV/OPAT team extended their services to enable the Acute Medical Unit (AMU) Virtual Ward to facilitate the continuation of IV treatment at home and support the reduction of the length of stay on AMU.

3. Performance Context

The winter of 24/5 was a challenge clinically, operationally, and financially to the trust. The trust saw a high level of ambulance handover delays versus our Black Country partners, caused by high occupancy. This was in part driven by the opening of the Midland Metropolitan University Hospital (figure 4).

Figure 2: Ambulance Breaches over the hour versus Black Country partners, Winter 24/5

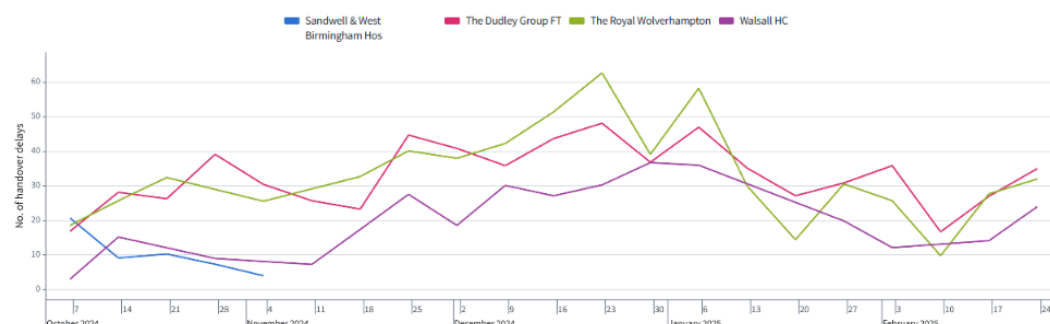
An average of one in every three ambulances at the trust went over the hour in winter 24/5.



NB: Sandwell data not available

Figure 2: Distinct number of ambulances breached by day, versus partners, Winter 24/5

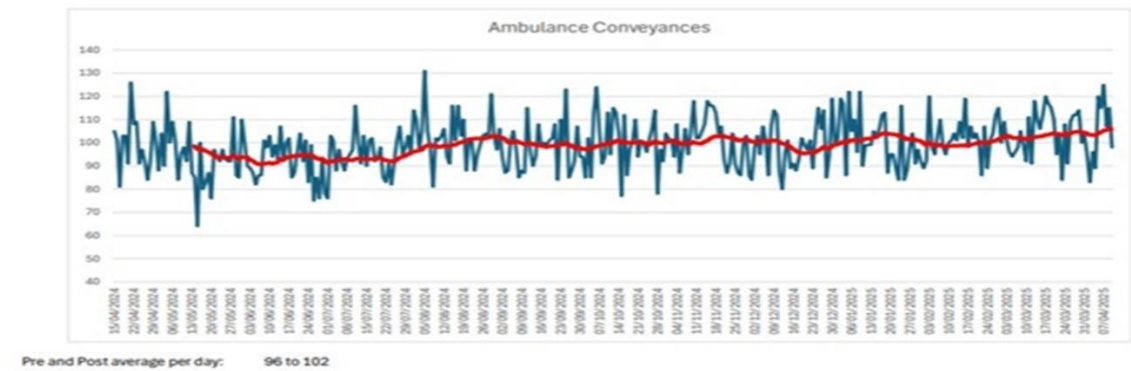
Dudley were consistently worse than our partner trusts, when breaches are adjusted by bed base



NB: Sandwell data not available

There has been a sharp increase in ambulance attendances at RHH since the closure of Sandwell Hospital and the opening of MMUH in October 2024. Data shows that this has had a marked effect on the number of one-hour breaches occurring

Figure 4: Number of Ambulances, April 2024 to April 2025



NB – Average ambulances 96 per day pre MMUH; 102 post

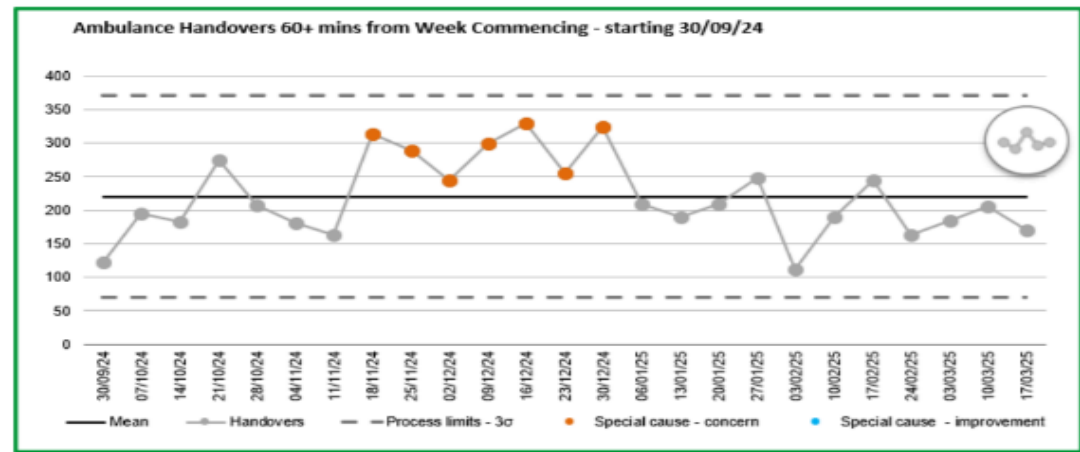
The below details from which postcodes those extra ambulances were constituted. This has now been addressed with a reallocation of Non-elective funds from MMUH to DGFT.

Figure 5: Constitution of additional ambulances

	Patient Postcode Areas			
	Dudley	Sandwell	Walsall	Wolverhampton
Baseline period pre-MMUH opening	65.27	15.97	1.50	2.22
7 Days post-MMUH opening	67.50	20.75	1.00	2.14
Increase/Decrease since Baseline	3.42%	29.96%	-33.33%	-3.36%

NB: summary: +2.23 Dudley Postcode, + 4.78 Sandwell Postcode, - 1.01 Remainder (BC & OOA)

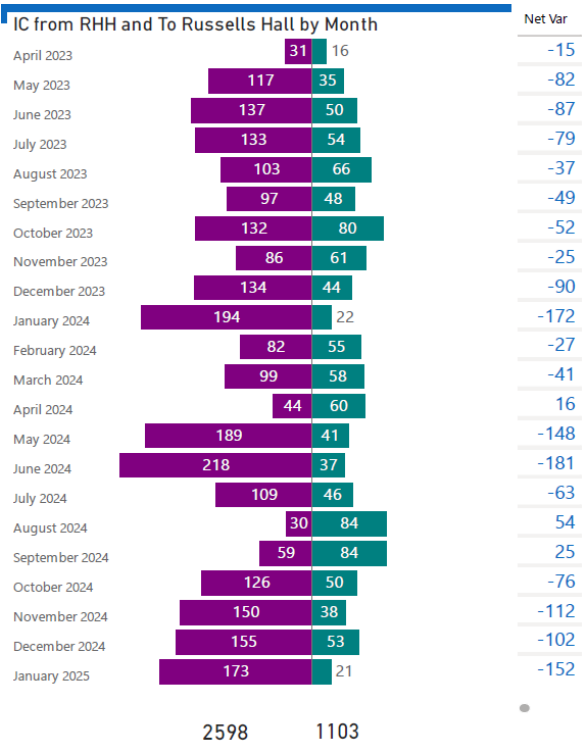
Figure 6: Ambulance handovers over the hour, winter 24/5



This performance was supported with an increase in strategic conveyance away from the Russells Hall site by West Midlands Ambulance Service. This placed additional pressure on our system partners and resulted in patients not always being placed in the hospital closest to their residence.

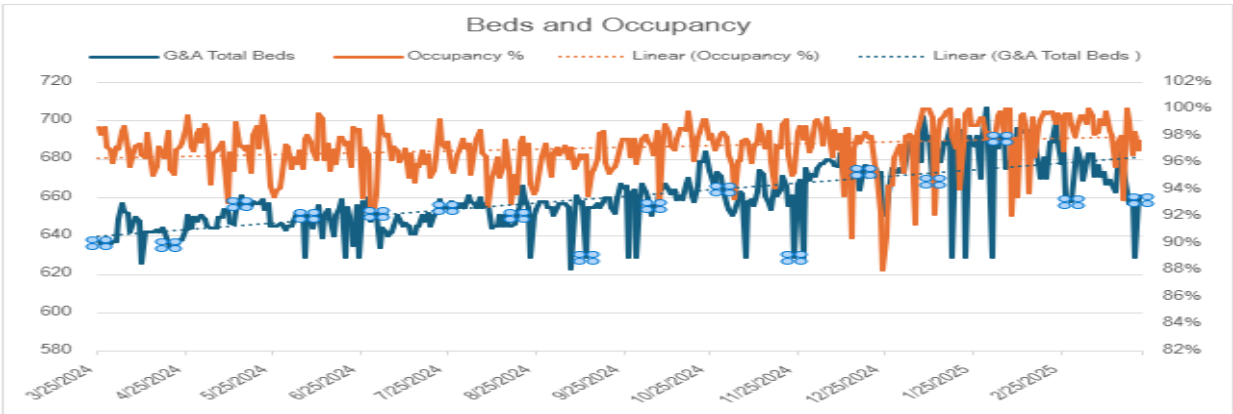
The opening of Surge beds also supported this performance, at a cost to the trust over £300,000 per month during this period.

Figure 7: Intelligent Conveyancing and performance of RHH site in January 2025



This was driven by an increase in occupancy at the trust over and above the bed base. In the initial stages, SDEC and AEC as permanently bedded, and additional patients were in situ on wards where discharges had been identified for later in the day.

Figure 8: beds versus occupancy at DGFT, Winter 24/5

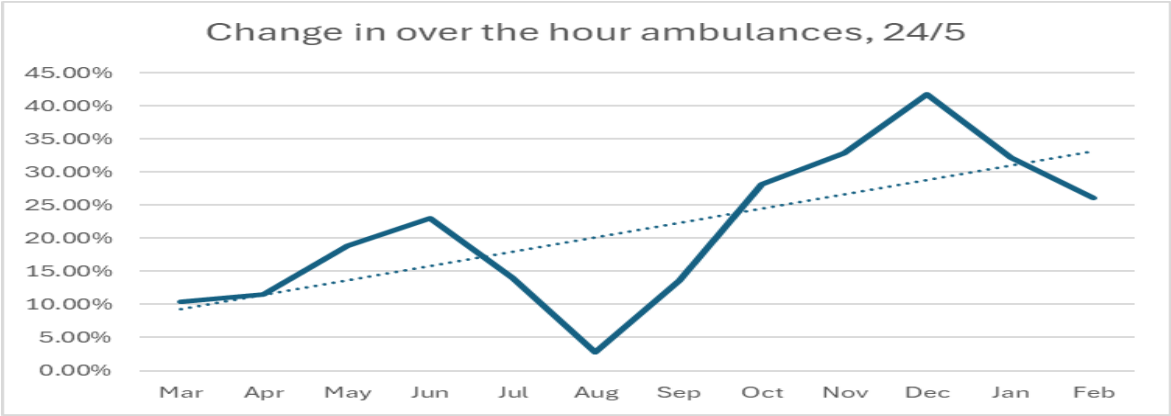


The trust has developed an occupancy scale (communicated to commissioners July 2024) which accurately predicted the levels of handover delay at the actual levels of occupancy.

Based on trust modelling, the trust could have expected between a 26% and 35% increase in over-the hour conveyances based on occupancy, and experienced 26, indicating an accuracy of prediction.

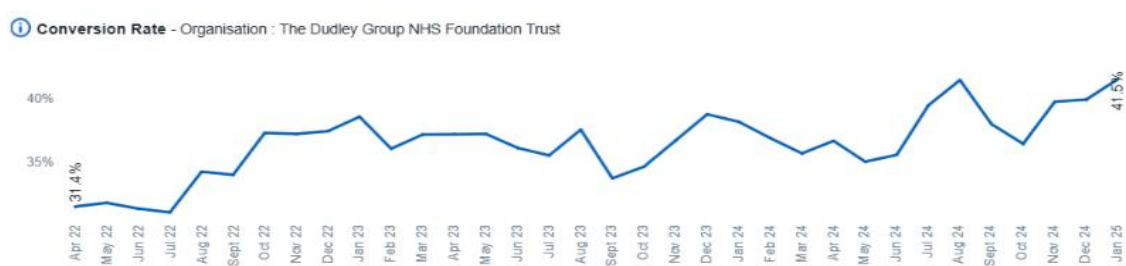
Trust AVERAGE Occupancy	Handover Delays Over the Hour	Average 4 Hour Performance ED Only	Actual # over the hour delays per month	Source
95%	7%	76%	203	Actual
96%	14%	76%	406	Actual
97%	18%	75%	522	Actual
98%	22%	74%	638	Actual
99%	28%	74%	812	Actual
100%	31%	73%	899	Actual
101%	36%	73%	1032	Forecast Based on Volumes
102%	40%	72%	1166	Forecast Based on Volumes
103%	45%	72%	1299	Forecast Based on Volumes
104%	49%	71%	1433	Forecast Based on Volumes
105%	54%	71%	1566	Forecast Based on Volumes
106%	59%	70%	1699	Forecast Based on Volumes
107%	63%	70%	1833	Forecast Based on Volumes
108%	68%	69%	1966	Forecast Based on Volumes
109%	72%	69%	2100	Forecast Based on Volumes
110%	77%	68%	2233	Forecast Based on Volumes

Figure 9: Change in over the hour ambulances, Mar 2024 to Feb 2025



Length of stay stayed fairly static throughout the winter period - However conversion rate rose (as it does every winter) to roughly 2% more than winter 24/5. This is roughly in line with the expected increase in acuity year on year of 1.5% DGFT has seen at the front door.

Figure 10: Conversion rate, ED (non UTC filtered) attendances, April 22 to Jan 25



Despite this, 4 hour performance stayed largely resilient, this is as a result of good performance in non-admitted pathways compensating for long waits for patients to be admitted into the bed base.

Figure 11: DGFT 4 hour performance by year, 2023/4/5

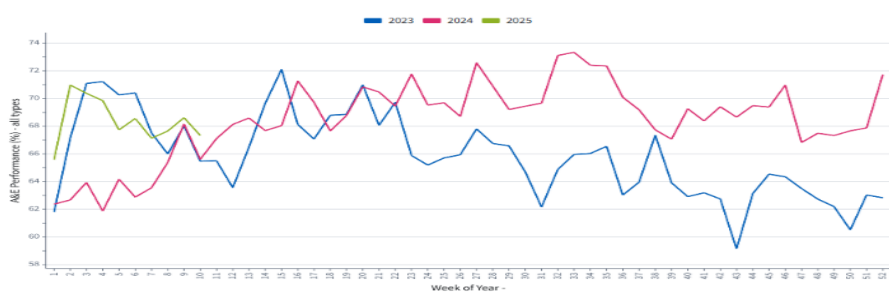
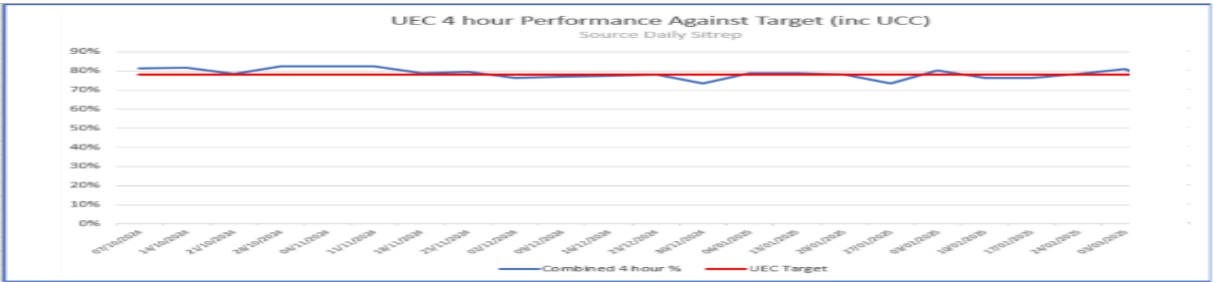


Figure 12: Performance vs Four Hour Standard



Urgent and emergency care (UEC) Performance was largely over or around the 78% standard, with the trust currently sitting at over 79.8% for the full year.

Patient Morale

Morale In ED in the period, according to the NHS' friends and family test was on average similar to the prior year

24/5 – ED Patient Morale

Emergency Department (% Very Good/Good)					Emergency Department (% Very Poor/Poor)					Emergency Department Mean Average Score	
Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Overall positive score	Overall negative score
68%	69%	69%	74%	69%	17%	16%	16%	13%	15%	70%	15%

23/4 – ED Patient Morale

Emergency Department (% Very Good/Good)					Emergency Department (% Very Poor/Poor)					Emergency Department Mean Average Score	
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Overall positive score	Overall negative score
69%	70%	70%	69%	72%	16%	14%	15%	16%	13%	70%	15%

With Trust wide patient morale Scores following a similar, static pattern

24/5 – Trust wide Patient Morale

Trust Score (% Very Good/Good)					Trust Score (Very Poor/Poor)					Trust Mean Average Score	
Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Overall positive score	Overall negative score
82%	83%	83%	83%	82%	7%	6%	6%	6%	6%	83%	6%

23/4 – Trust wide Patient Morale

Trust Score (% Very Good/Good)					Trust Score (% Very Poor/Poor)					Trust Mean Average Score	
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Overall positive score	Overall negative score
82%	84%	83%	82%	83%	6%	5%	6%	6%	6%	83%	6%

Staff Morale

Staff morale rose amongst ED nursing, but fell back amongst ED Medics

Figure 13: Staff Survey results, DGFT, versus prior years

Staff Survey Results Morale				
Department	Trust Average	2024/5	2023/4	2022/3
AMU 1	5.7	5		
AMU 2	5.7	6.3		
AMU Assessment	5.7	4.6		
ED Nursing	5.7	5.3	5	4.6
ED Paediatrics	5.7	4.9		
ED Minor Injuries	5.7	4.8		
ED Medical Staff	5.7	5	5.3	4.5

4. ICB Modelling

The ICB's modelling is below, at figure 14 Line C, below, indicated the required level of ICB assurance. The level of mitigation forecast was only marginally lower than this, and Line C was, for the majority of winter, around 35 beds clear of the level of anticipated activity at the Trust.

The reality was unfortunately markedly different. Almost immediately upon the closure of MMUH, the trust moved to open 57 surge beds, later increased to 67 once 10 extra beds were opened on AMU. Line D (Figure 15) represents the number of beds at the trust actually opened during winter.

Figure 14: Dudley total and peak bed requirement and ICB assurance winter 24/5

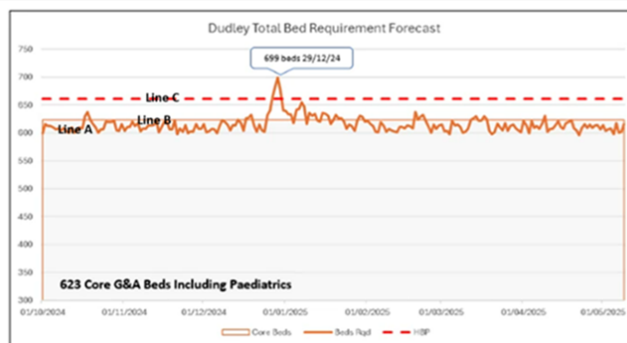
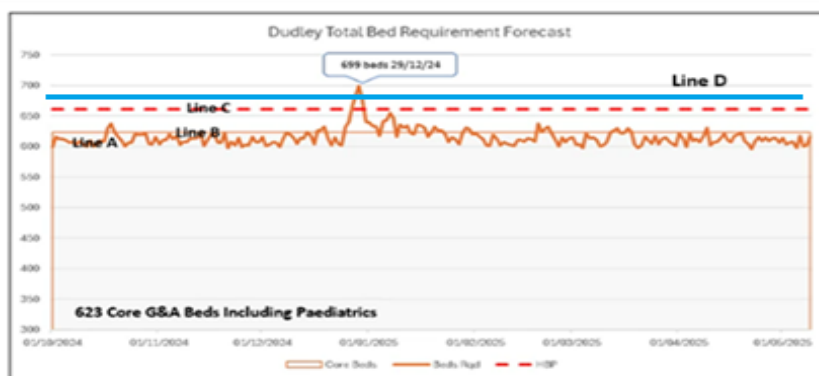
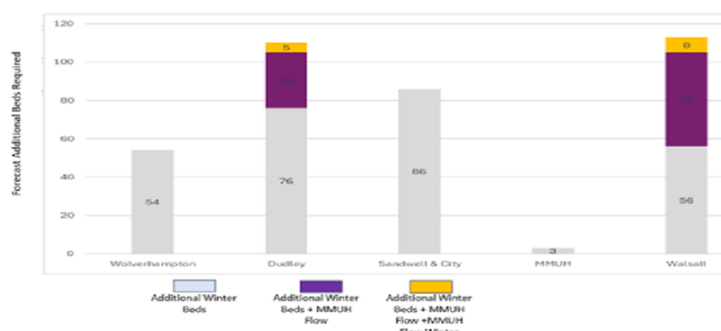


Figure 15: Beds open at trust, winter 24/5



The below graphic represents the ICB modelling of the peak, and cause attribution.

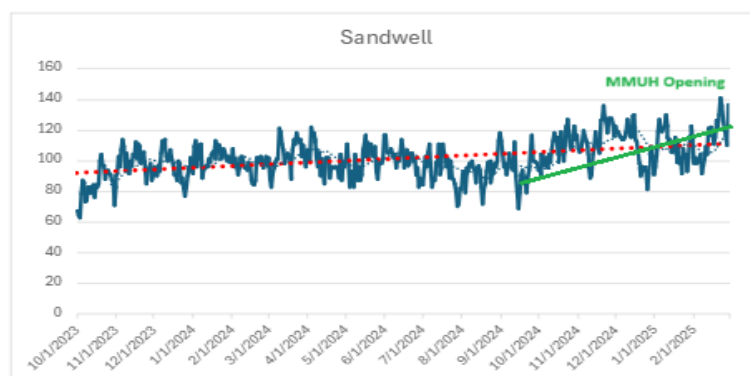
Figure 16: ICB peak modelling winter 24/5



The reasons for this include unanticipated Sandwell patients in the bed base, a low number of complex discharges, and a heightened number of MOFD in the bed base at DGFT. The above modelling RE: DGFT and MMUH impact was incorrect, as will be demonstrated below.

The below section details the patients which the winter plan was expected to mitigate against.

Figure 17: Sandwell patients in bed base pre and post MMUH.



- The data in figure 6 shows roughly 26 more patients in the bed base in the period Oct '24 to Feb '25 – with a marked upward trend in that period compared to previously. Further data analysis showed
- The 'natural' rate of increase of Sandwell patients in the Dudley bed base (between 22/3 and 23/4, so no MMUH impact) is circa 5%.
- The rate between 23/4 and 24/5 (so MMUH Impact) is upwards of 25%
- Average 26 pts with a Sandwell Postcode in bed base more than 23/4 in 24/5
- Looking at Jan and Feb, the worst day was 19th February when we had 39 more Sandwell patients in the bed base
- This is a roughly 4.5% pressure on our bed base

Complex Discharges also significantly lagged the anticipated level (Data extract from report in February 25), creating an Excess of Medically Optimised for Discharge) (MOFD). An excess of complex MOFD (Medically Optimised Fit for Discharge) at the Trust, which sits at between 23 and 27% (25% was the figure identified in the recent Trust census led by our Medical Director). The national average is 16.6%; An exemplar, such as our neighbour and ICB Partner Walsall, is 9-10%. This manifests in 50-60 extra MOFD within the Trust bed base, the causes of which (and the solutions to which) are multifactorial and involve multiple divisions and external agencies.

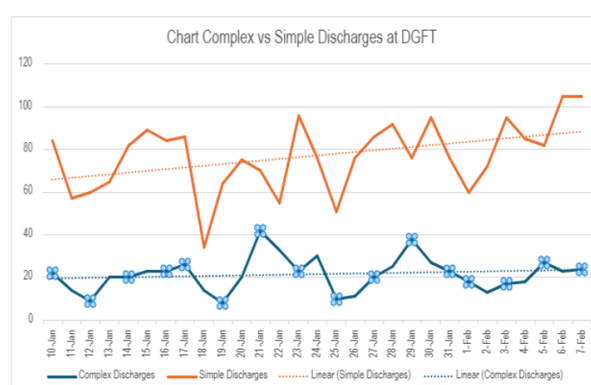


Figure 18: Complex versus simple discharges (Jan-Feb 2024/5)

5. Success and failure of interventions in Winter Plan

a) Ten-bed virtual acute ward extension

This was successful, and was in fact over-capacity all winter. This facet of the mitigative plan was particularly successful at times of high congestion within ED; it was on occasion possible for consultants to discharge 4 patients at any one time from ED cubicles into the AMU virtual ward.

The board has now served its purpose and is likely to be shrunk back to a smaller number in order to make its continued running more financially viable for the trust.

b) Thirty nine extra beds released through community hub funding of admission avoidance (above)

It was initially planned that the trust would look to replicate new model of care developed in Enfield whereby clinical teams with advanced skill sets would man the community hub 24 hours per day and link into an urgent community response team partially staffed by GP's and consultants which would go into

care homes and realise the significant opportunity which the place division have subsequently calculated in preventing admissions from care homes.

This was initially costed at £1.1 million. The reason for this costing was to make the model commensurate with the Enfield model to achieve the number of visits and contacts necessary to prevent the admissions and thus to realise admission avoidance.

After looking into how this could be adopted, DGFT proposed an augmentation of the model. This reduced the funding envelope to £400,000. After a pilot, it was concluded that the model did not work as expected and was therefore stood down. This was crucial to the winter plan as it involved 35 beds worth of admission avoidance – that is nearly half the surge capacity of the trust.

The abandonment of this initiative ultimately led to the failure of the winter plan due to the disproportionate impact of this one intervention on the portfolio of mitigations

c) 15 beds released through adherence to the 35/20 Complex Discharge KPI; The trust will achieve 35 discharges on a weekday, and 20 on a weekend day.

The KPI for complex discharges to improve upon the MOFD position detailed earlier in this paper was not realised. Complex discharges did not improve from the pre winter position and thus no bed savings were made as a result of this initiative.

d) 8-bed frailty virtual ward

It was planned, as per instruction, the 18 bed frailty virtual ward extension must be staffed using bank. Unfortunately during the start of the winter period the frailty specialty suffered a number of long term absences within the band 7 nursing line. The directorate explored everything that it could in terms of the utilisation of staff from other trusts, but none were available.

e) Eleven bed estate at Rowley

The stroke rehabilitation estate at Rowley was opened on the 1st of February after extensive negotiation and recruitment into the roles. Although it is now open and full, the facility served to alleviate a small part of the MOFD problem (patients waiting for pathway 3 packages of care), and the MOFD problem grew all winter and thus consumed this element of the mitigation without benefit.

6. Lessons Learned

Lesson 1: Don't deviate from the plan blueprint.

The key strength of the Enfield Model was that it would deliver proven outcomes - and that we had a contact at the Enfield team whom we could ask questions in order to iron out practicalities and take learning from. The revised plan did not realise the benefits required and therefore did not mitigate the number of beds required.

Lesson 2: Plan independently of ICB for winter pressures. modelling was incorrect – from the magnitude of the peak, to the timing of the peak, to the geographical nature of the patients presenting at the front door; our mitigations within our own community were not designed to mitigate Sandwell patients.

Going forward all winter plans should be formulated using a greater degree of collaboration, using trust data. DGFT did model what we felt MMUH related pressures would be and communicated them to the ICB in June of 2024, but this did not affect the ICB's modelling either in terms of magnitude or peak.

Assurance, cumulatively at trust level and not ICB level should just be the driving factor in creating robust winter plans going forwards bearing in mind the lessons learned regarding the inadequacy of ICB modelling in winter 24/5. DGFT are, subsequently, not the only trust to contest the modelling – Wolverhampton and Walsall have both requested learning exercises.

Lesson 3: Build in Super surge Capacity

The DGFT Non-elective Workstream for 2025/26 has acknowledged this as a central pillar, and is building in winter resilience and capacity to new models of care.

Lesson 4: Improve Clinical Engagement.

By placing clinical leaders at the helm of winter planning, healthcare organisations can ensure that strategies are informed, practical, and focused on delivering high-quality patient care even under the strain of heightened demand.

The DGFT plan was operationally led, and more specifically led by the DGFT medical division. This deprived clinicians of the chance, in good time, to collaborate and grow solutions; True clinical leadership promotes collaboration between various specialties and departments, ensuring a comprehensive approach to addressing the complexities of winter demand, including emergencies, hospital admissions, and outpatient care.

Clinically led planning can also facilitate better communication among clinical teams, management, and support staff. This is crucial during winter months when circumstances can change rapidly; and teams are often better equipped to respond swiftly to crises or spikes in patient volume, as they can make informed, effective decisions that prioritise patient safety and care.

Lesson 5: Focus on the Quality Impact

Insufficient focus was placed upon quality metrics and KPIs in the DGFT 24/5 winter plan. This is important for a number of reasons.

Winter periods often come with higher demand due to seasonal illnesses, such as flu or respiratory conditions. KPIs focused on safety help ensure that patient care remains a top priority, reducing the risk of errors, accidents, or infections. They track vital aspects of patient care and safety, such as infection control rates, fall prevention, and medication errors.

Winter months can strain healthcare systems, leading to longer wait times and reduced satisfaction. KPIs that track patient satisfaction, waiting times, and quality of care ensure that the patient experience does not suffer even during peak times. By focusing on quality, trusts can maintain high standards of care and improve patient outcomes.

Rory McMahon,
Director of Operations, Medicine
April 2025

Paper for submission to Trust Board on 8th May 2025

Report title:	Workforce KPI Report (March 2025)
Sponsoring executive:	James Fleet - Group Chief People Officer
Report author:	Karen Brogan - Chief People Officer (DGFT) Rachel Andrew - Head of People Culture and Learning

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

Assure

The People Committee noted reasonable assurance on the Workforce Key Performance Indicators presented at the April People Committee. The KPI performance continues to provide a good picture overall, with positive assurance that appropriate actions are in place.

Positive assurance is reported in March 2025 against the Trust KPI's for Retention, Turnover (including normalised and all turnover) and Vacancies.

Advise

In-month sickness absence for March 2025 is 5.39%, a decrease from 5.96% in January 2025 and a further decrease from 5.68% in February 2025 but remains above the Trust target of 5%.

Due to higher sickness absence rates across the year and an increasing trend since September 2024, the rolling 12-month absence figure continues to rise given high rates across the year. The trend in March looks to becoming level, recognising the in-month performance across February and March.

A taskforce is now in place with actions to support a reduction in absence rates. The taskforce is governed by the Wellbeing Committee, with an upward report into People Committee and undertakes targeted action across areas with high sickness absence.

Mandatory training performance overall remains stable and above target. March each year sees a seasonal drop-off in training and there is a risk of below target performance if this is not recovered. April-June is a period of increased activity linked to annual review conversations. There remain variations at Staff Group, Division and Subject level and a detailed review of variation and action to address is underway.

Full data report in further reading pack

2. Alignment to our Vision

Be a brilliant place to work and thrive	X
Drive sustainability (financial and environmental)	X
Improve health and wellbeing	X

3. Report journey

People Committee to Trust Board

4. Recommendation

The Public Trust Board is asked to:

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

5. Impact

Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

**Paper for submission to the Board of Directors on
Thursday 8th May 2025**

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

1. Summary of key issues

What

End of year (M12) performance confirmed that we had not achieved the 24/25 workforce plan, this had been reported consistently through committees and the focus moved to negating Pay pressures by improved income performance, with significant over-performance on ERF. *See full report in the reading pack associated with this meeting.*

The year ended with at 7.6% over plan (468.77 WTE), driven by the non-achievement of targets against substantive and bank workforce numbers. Substantive is 211.70 WTE over plan (3.7%) and bank is 258.35 WTE away from plan (56.2%).

It should be noted that there was a significant increase in bank usage in M12, this is a mix of un-managed leave (end of the leave year), additional activity and escalation activity, but the March rate is significantly higher than the rest of the year (Apr-Feb)

Since March 2024, there has been +336.7 WTE (5.4%) in staffing, however the DIHC transfer accounts for 192 WTE, with the remaining 145 WTE predominately driven by in-year developments, ERF activity and escalation capacity. Again, it should be noted, that bank was significantly skewed in March (WTE was 115.2 higher than the average for April to February). The workforce forecast will not be achieved across 24/25, Pay pressures are being negated

So What

There has been significant reflection and learning on the 24/25 workforce plan – including:

- Application of the 4% reduction (this was applied mechanically, including to planned growth)
- In year developments – not included in original plan, such as winter plan/CDC and MMUH mitigations, with some causality in late engagement with divisions
- Pressure on capacity - additional activity and escalation activity not captured appropriately in the planning round and mechanical reduction targets applied.

There is still an extremely challenging workforce target for 25/26 but based on learning from 24/25 we have planned differently – including how we have modelled and planned the workforce across the year. There has been significant engagement activity with the divisions to ensure they triangulation with their activity plans, incorporating any planned developments and phasing the workforce appropriate based on trend data (i.e. winter planning).

What Next

Governance structures have been established, and the following groups are in operation:

- Medical Bank and Agency steering group
- Nursing, Midwifery and AHP steering group
- Sickness Absence Taskforce

All with key operational stakeholders to progress actions.

We are developing weekly reporting to enable us to have early warning of any risks to achieving the plan and to enable to respond early to any challenge.

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

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

3. Report journey

Executive Directors
People Committee
Quality Committee
Finance & Productivity Committee
Trust Board

4. Recommendation(s)

The Board of Directors is asked to:

a) **ASSURANCE:** Receive the report for assurance.

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care and treatment
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Is Quality Impact Assessment required if so, add date: N/A		
Is Equality Impact Assessment required if so, add date: N/A		

**Paper for submission to the Public Trust Board on
Thursday 8th May 2025**

Report title:	Staff Wellbeing at Dudley
Sponsoring executive:	James Fleet – Group CPO
Report author:	Paige Massey – Wellbeing Business Partner

1. Summary of key issues

Assure

The Dudley Group aims to support staff wellbeing to ensure excellent healthcare delivery. This initiative addresses workforce pressures, promotes compassionate leadership, and fosters a culture of openness and support.

Challenges:

- **Workforce Pressures:** High workload, emotional demands, ongoing staff shortages, and financial constraints.
- **Balancing Act:** Navigating operational demands while supporting staff wellbeing.
- **Conflicting Messaging:** Managing changes in care and system requirements.

Key Strategies:

1. **Compassionate Leadership:**
 - Listen, understand, and support staff.
 - Create psychologically safe environments.
 - Prioritize kindness and empathy.
2. **Honest Conversations:**
 - Open and transparent communication about current realities.
 - Build trust through consistent, authentic dialogue.

Historical Data (2020-2024):

- Positive actions on health and wellbeing have seen gradual improvement.
- Musculoskeletal problems and work-related stress remain significant issues.
- Pressure from managers to work when unwell has decreased.
- Emotional exhaustion and burnout are still concerns.

Importance of Staff Wellbeing:

- Direct impact on patient care quality, safety, and outcomes.
- Lower sickness absence, better retention, and improved performance.
- Financial benefits: Every £1 invested in wellbeing yields a £4.70 return (Deloitte, 2022).

Achievements:

- **Mental Health:** MHFA pilot, monthly wellbeing communications, and guidelines review.
- **Financial Education:** Onsite financial wellbeing van, monthly sessions, and resource promotion.
- **Menopause Support:** Working group, risk assessments, awareness training.
- **Preventative Wellbeing:** SISU health booth pilot, health checks, wellbeing week.
- **Safe Working Environment:** Staff room upgrades, healthy food options.
- **Effective Communication:** Regular promotion of wellbeing events and support.
- **Leadership Engagement:** Wellbeing discussed at board level, steering group representation.

Future Plans:

- **Strategic Improvements:** Review and update wellbeing strategy, define KPIs, smarter data and dashboards.
- **Support Services:** New Employee Assistance Programme (EAP) service, enhanced access to support, Phase 2 Wellbeing Hub launch.
- **Inclusive Culture:** Menopause policy, financial wellbeing offer, recruitment of place-based champions.
- **Collaboration:** Joint projects with Sandwell to drive sustainable change.

Staff Feedback:

Positive experiences from staff returning from long-term sick leave and students on placement highlight the supportive environment fostered by the Trust.

Conclusion:

The Dudley Group is committed to embedding staff wellbeing into core operations, fostering a proactive culture, and ensuring leadership models and supports wellbeing. This approach is essential for sustaining high-quality care and creating a thriving workforce.

Presentation slide deck is located in the reading room.

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	
Improve health and wellbeing	X

3. Report journey

Executive Group 06/05/2025
Board 08/05/2025

4. Recommendation

The Public Trust Board is asked to:

a) **Note** the report for assurance

5. Impact

Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person-centred care, and treatment
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Paper for submission to the Board of director 8 May 2025

Report title:	Freedom to Speak up Report
Sponsoring executive:	Diane Wake, chief executive
Report author:	April Burrows. Freedom to Speak up Guardian

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

Assure

Thirty Six trained multi professional and diverse FTSU champions provide a network of support across our acute and community sites which provides greater accessibility to the service. Champions listen, advise and signpost but do not routinely handle cases themselves as their role is voluntary and in addition to their substantive posts.

The Freedom to Speak Up Team (FTSU) team has had a total of 38 concerns raised during the reporting period of January 2025 - March 2025 quarter 4 of the 2024/2025 financial year. Three concerns have been raised through the network of Champions and 25% have been raised concerns anonymously. The main reason continuing to be fear of detriment. The total number of concerns raised has fallen compared to quarter 3 but still shows improvement in the number of concerns raised in quarter 1 and 2 as shown in table 1

The top 3 themes reported were Staff wellbeing - emotional or mental health with 25%, followed by Staff safety in relation to staffing levels and Inappropriate behaviours or attitudes both with 17%

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

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

3. Report journey

FTSU Steering group, People Committee, Trust Board.

4. Recommendations

The Public Trust Board is asked to receive the report for assurance:

- Attend** the Black Country System board development morning on the 27th June 2025. Invites have been sent.
- To support** speaking up needs and to understand about the Public Interest Disclosure Act as set out in appendix 1 of the report

5. Impact		
Board Assurance Framework Risk 1.1		Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2		Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0		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		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:		
Is Equality Impact Assessment required if so, add date:		

1. Executive Summary

Following on from Sir Francis review of the speaking culture within the NHS, which was published in 2015, Freedom to Speak Up remains a business-critical component to support the provision of safe effective care for our patients. Freedom to Speak Up remains on a transformational journey at the Dudley Group NHS Foundation Trust, to ensure all concerns are heard and appropriate and meaningful actions are taken as appropriate. The report will provide the peoples committee with an overview of the national picture of speaking up and collate this with the local speaking up culture.

The report will provide the peoples committee with a thematical overview of the concerns raised with a breakdown of the top four. The Peoples committee will be advised of the action being taken to address these top three concern areas and the collaborative work being undertaken for wider organisational learning.

32,167 cases raised nationally through FTSU services, and 97 cases raised at the Dudley Group of hospitals from 1st April 2023 to 31st March 2024. The Dudley Group of hospitals FTSU team consist of three guardians. one full-time lead FTSU Guardian and 2 Guardians who fulfils the role in addition to their substantive post. This arrangement is in line with the National Guardian Office (NGO – oversees the network of FTSU Guardians) recommendation that guardians are allocated enough ring-fenced time to provide optimum service.

Thirty six trained multi professional and diverse FTSU champions provide a network of support across our acute and community sites which provides greater accessibility to the service. Champions listen, advise and signpost but do not routinely handle cases themselves as their role is voluntary and in addition to their substantive posts. The FTSU team has had a total of 38 concerns raised during the reporting period of January 2025 - March 2025 quarter 4 of the 2024/2025 financial year. 3 concerns have been raised through the network of Champions and 25% have been raised concerns anonymously. The main reason continuing to be fear of detriment. The total number of concerns raised has fallen compared to quarter 3 but still shows improvement in the number of concerns raised in quarter 1 and 2.

2. Update on national guidance/recent publications.

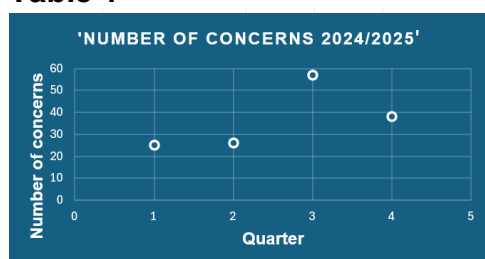
What everyone who supports speaking up needs to understand about the Public Interest Disclosure Act by Sam Bereket, National Lead for Intelligence and Learning. The full report is available appendix 1.

Speaking Up Support Scheme 2025 appendix 2

3. FTSU Quarter 4 Data

The FTSU team has had a total of 38 concerns raised during the reporting period of January 2025 - March 2025 quarter 4 of the 2024/2025 financial year. 3 concerns have been raised through the network of Champions and 9 have been raised anonymous. 16% of individuals have not consented for their concern to be raised. The main reason continuing to be fear of detriment. The total number of concerns raised has fallen compared to quarter 3 but still shows improvement in the number of concerns raised in quarter 1 and 2 as shown in table 1.

Table 1



Themes of Concerns raised

The NGO have four themes for concerns to be broken down into as shown in table 2. 47% of concerns in Quarter 4 relate to worker safety or wellbeing. Followed by inappropriate attitudes or behaviours with 32%.

The data has been broken down into sub-category for deeper understanding and to enable a nuanced action plan to improve culture within the organisation.

The top 3 themes reported were Staff wellbeing - emotional or mental health with 25%, followed by Staff safety in relation to staffing levels and Inappropriate behaviours or attitudes both with 17%.

Table 2

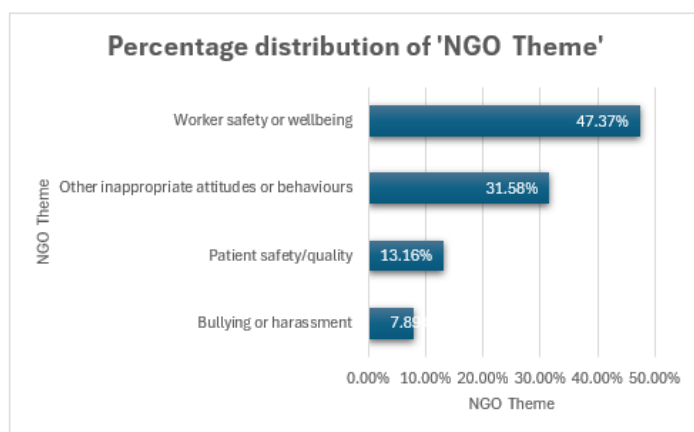
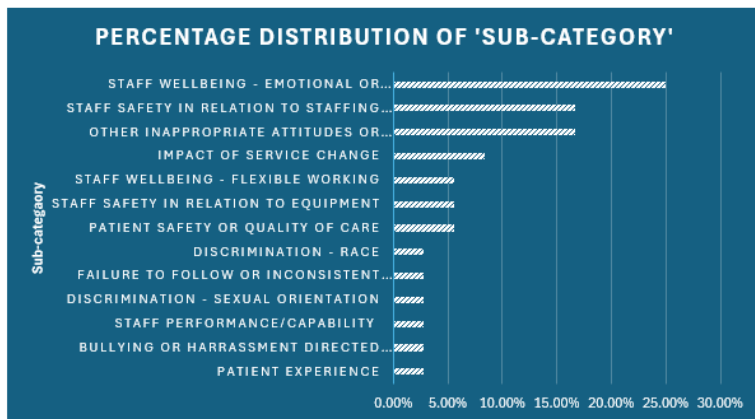


Table 3

The NGO worker safety or wellbeing is divided into four sub-categories: Staff safety in relation to equipment, Staff safety in relation to staffing levels, Staff wellbeing - emotional or mental health and Staff wellbeing - flexible working.

The increase in concerns with themes of worker safety or wellbeing and inappropriate attitudes or behaviours can be attributed to a range of issues a selection of concerns and actions are shown for assurance in table 4. The following points are to give background information relating to some of concerns. Whilst continuing to maintain individuals' confidentiality.

- Poor communication from manager.
- Staffing levels = covering sickness
- Parking = inappropriate parking in disabled spaces
- Recruitment = refusal of secondment
- Pay = Bank workers
- Lack of training = changes in the suitability of breakaway training

Table 4 "Consent has been obtained to share the below information".

Concern	Action	Outcome
Undefined team structure, therefore, lack affective management	Raised to operational lead. A listening event for all staff to attend with guardian and operational lead	changes to the daily running of the team and increased support from operational lead.
Staffing levels and changes to working pattern.	Raised to manager and service lead	Training sourced to aid staff members Feedback given to staff member
Lack of support for staff member attending coroner's court	Raised to operational lead.	Increase support for member of staff. Clarification of support on the court date. Continued support from freedom to speak up and follow-up with member of staff

Divisional data

CCCS and Medicine divisions continue to have the highest concerns “raised about”. CCCS concerns have continued to double over this financial year as indicated by table 5, with 53% of concerns in quarter 4 as shown in table 6. Table 7 shows an indication of NGO themes and broken down into division. Mwamba Bennett will focus her time within the community services. Mwamba Bennett is based at Brierley Hill Health and Social Care Centre and is ideally situated to give maximum support to the teams. Communications have included these details into the known and she will be visiting all community-based teams over the next few months.

Table 5

Number of concerns raised by Division over 2024 – 2025 year				
Division	Q1	Q2	Q3	Q4
Anonymous			3	1
CCCS	6	10	15	20
Corporate	2	3	9	5
Medicine	13	8	13	6
Mitie	1	0	1	0
Place Division	NA	NA	NA	2
Surgery, Women & Children	1	4	6	3
Trust wide	2	2	7	1

Table 6

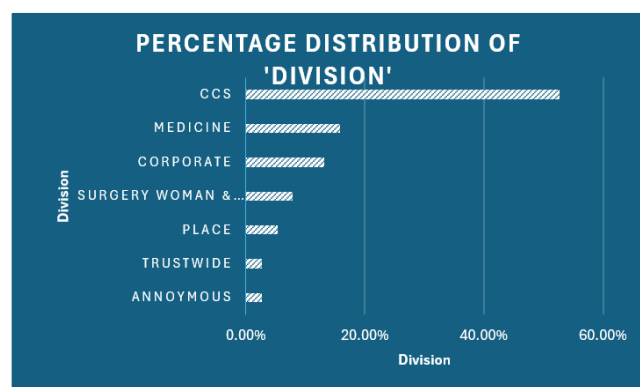


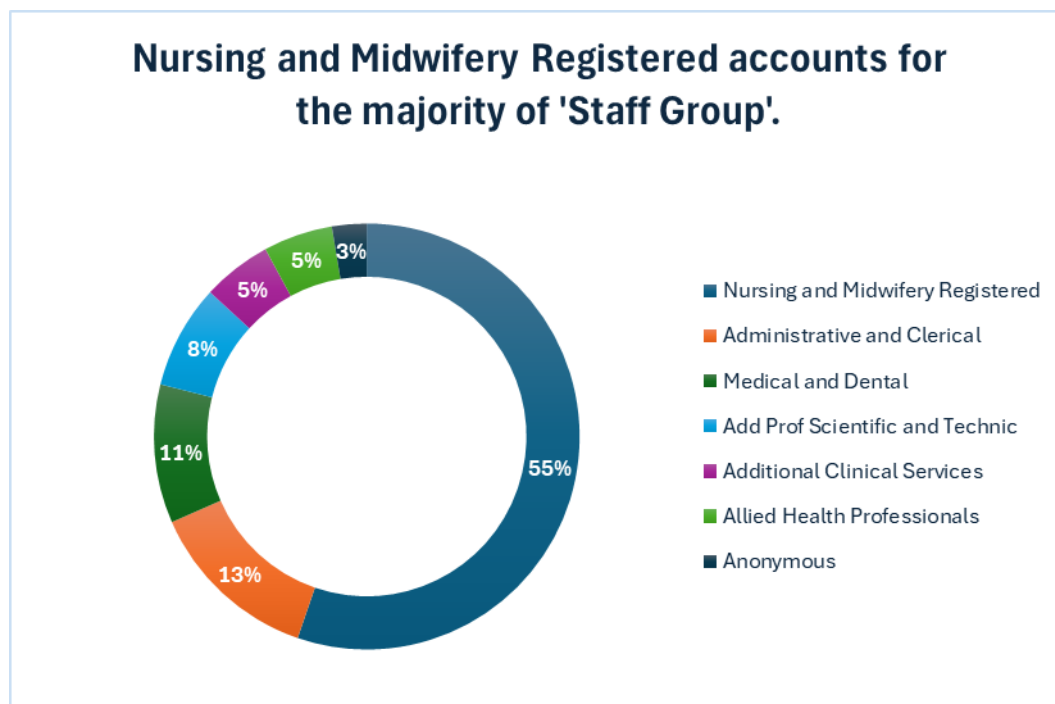
Table 7

Count of Division	NGO Theme				
Division	Worker safety or wellbeing	Other inappropriate attitudes or behaviours	Patient safety/quality	Bullying or harassment	Grand Total
CCS	11	6	2	1	20
Medicine	2	3		1	6
Corporate	2	1	2		5
Surgery Woman & Children	1	1	1		3
Place	1			1	2
Trustwide		1			1
anonymous	1				1
Grand Total	18	12	5	3	38

The Workforce Data

The nursing workforce is the largest staff group within the organisation and continues to raise the most concerns over the 4th quarter. The new dashboard has been aligned to the national guardian's office staff groups. The additional clinical services include all members of staff who support registered professionals for example clinical support workers, imaging

aides and phlebotomists. Additionally, there is a separate category for Students and will be included in the data moving forward.



Over 2025 the FTSU team will continue to raise awareness. Focusing heavily on the front door services, such as ED, AMU and SDEC. Over the last 10 years the freedom to speak up service has established good links within the nursing teams. Moving forward the medical workforce are the next priority to ensure these hard-to-reach employees are aware of the service and feel comfortable to raise their concerns. A guardian will attend every welcome to Dudley session. With the aim to every new member of staff to the organisation will be welcomed by a member of the freedom to speak of service giving a brief overview for the service and contact information.

Triangulated data

Over the past three months there have been several meetings between FTSU, HR, PAL, Informatics and the Patient Specialist. This new data will be able to identify areas for improvement and trends within the trust. Informatics are continuing to support with development of the dashboard.

4. FREEDOM TO SPEAK UP STRATEGY 2025-2028.

The FTSU Strategy has been reviewed and is out for Consultation. The papers will be brought to the next people committee meeting.

5. FTSU Training data

2024 – 2025 FTSU completed training module data					
Module	Q1	Q2	Q3	Q4	Total completed
Speak Up	37	20	15	12	84
Listen Up	20	14	7	3	44
Follow Up	6	9	8	1	24

The training continues to be available through elearning for health.

To improve the awareness of the FTSU service and the support available to staff across the trust. The FTSU guardians and the organisational development team are producing a bespoke training package, which will be recorded on ESR.

The training is divided into three parts.

Speak Up: Core training is for all workers including volunteers, students and those in training, regardless of their contract terms and covers what speaking up is and why it matters. It will help learners understand how to speak up and what to expect when they do. The training can be delivered online or face to face by the FTSU Guardians

Listen Up: This training for all line and middle managers and is focussed more on listening up and the barriers that can get in the way of speaking up. Providing tools to help managers improve culture and resolve concerns locally.

Follow Up: Black country system board development morning on the 27th June 2025. This training is aimed at all senior leaders including executive board members (and equivalents), Non-Executive Directors, and Governors to help them understand their role in setting the tone for a good speaking up culture and how speaking up can promote organisational learning and improvement.

[Freedom to Speak Up - elearning for healthcare](#)

Appendix 1

What everyone who supports speaking up needs to understand about the Public Interest Disclosure Act

By Sam Bereket, National Lead for Intelligence and Learning.

We often hear from Freedom to Speak Up guardians, leaders and others that they feel unsure about how the Public Interest Disclosure Act 1998 (PIDA) affects their role in supporting workers who speak up. For example, some have said, “A worker wants to make a qualifying disclosure... We’re not sure how we should respond.” Others have said, “The issue the worker has raised is not a qualifying disclosure under PIDA, so we cannot protect them.”

This blog aims to address that confusion. It is written for guardians, but also for anyone with responsibility for responding to workers who speak up – whether on the frontline, in leadership roles, or at a regulatory level. Its purpose is to provide clarity and confidence to support a consistent, high-quality response when people speak up.

Listening because it’s right – not because the law requires it

Listening, taking concerns seriously and acting on them is not only the right thing to do morally – it is business-critical. Workers are often closest to the risks, insights and experiences that affect the safety, culture and performance of our services.

That is why Freedom to Speak Up is broad and inclusive. Guardians are there for all speaking up matters – not just those that fall within a particular legal definition. The same applies to managers, leaders and board members. Whether someone is raising a concern or suggesting improvements – about patient safety, staff wellbeing, culture, governance or anything else – the expectations are the same:

- Respond in a timely, fair and impartial way
- Take action and provide feedback
- Protect the individual from any potential retaliation
- Offer support and seek feedback

This approach ensures that everyone who speaks up receives a consistent and high-quality response – regardless of how their concern is categorised.

Understanding the law – and its limits

The Public Interest Disclosure Act (1998) was introduced in response to a series of disasters, scandals and tragedies – such as the Zeebrugge ferry disaster and the Clapham rail crash – where workers had tried to raise concerns about safety or wrongdoing but were either too afraid to speak up, or were ignored when they did. The legislation gives workers the right to seek redress if they suffer retaliation or dismissal for raising a concern that meets the legal definition of a qualifying disclosure.

However, it’s important to understand what PIDA does not do. For instance, it does not:

- Tell us how to handle concerns
- Prevent retaliation – it offers redress after the fact
- Apply to all workers or all speaking up cases

In other words, it is a legal backstop – not a blueprint for good practice.

A useful analogy for understanding the relationship between the Freedom to Speak Up and PIDA is to think about the difference between a healthy marriage and divorce law:

- Freedom to Speak Up is grounded in the everyday behaviours and principles that help organisations work safely and effectively – openness, honesty, respect and shared responsibility. It’s about creating the conditions that prevent harm, resolve issues early, and build lasting trust.
- PIDA, by contrast, is like divorce law – or a pre-nuptial agreement. It’s there for when things have gone wrong. It offers legal safeguards and redress, but it’s not something you would base a healthy relationship on. Likewise, PIDA should not be the basis on which you approach people in your organisation speaking up.

Common misunderstandings – and how to address them

Confusion often arises when there is a blurring of the lines between what goes into creating a strong speaking up culture and the legal protections under PIDA. Here are four common examples we hear—and how to respond.

“A worker wants to make a qualifying disclosure... We’re not sure how we should respond.”

Workers may be concerned about experiencing retaliation after raising a concern. This is one reason why someone might say they are making a qualifying or protected disclosure under the Public Interest Disclosure Act – because they believe it could help them if they later need to bring a legal claim.

If a worker is worried about retaliation, take their concern seriously. Reassure them about the process, explore ways their concern can be handled safely – such as protecting their identity – and give them confidence that they will be supported.

Regardless of how the concern is described or what terminology the worker uses, the substance of the case must be treated the same as any other. Managers, guardians and leaders should always respond with the same high-quality approach: listen, support and act.

“The issue the worker has raised is not a qualifying disclosure under PIDA, so we cannot protect them.”

This reflects a misunderstanding of the law. PIDA doesn’t stop you from protecting someone – it simply provides a legal route for redress if protection fails.

Whether or not a concern meets the legal definition of a qualifying disclosure, you should always respond with the same care, consistency and commitment to supporting the person speaking up.

“I’ve been asked to treat qualifying disclosures differently... but I don’t know why, or what that would involve.”

If a request like this is made, it may come from someone in a leadership role. It’s important to engage constructively and ask: What’s the rationale for treating such cases differently? In most cases, there will be no reason to do so. The same high standards – listening, acting, supporting – should apply to all speaking up cases, regardless of how they’re described.

One exception is where the organisation is a prescribed person under PIDA. These are mainly regulatory bodies – such as the Care Quality Commission or NHS England – that have a legal duty to report annually on qualifying disclosures they receive. In those cases, identifying whether a concern meets the legal threshold may be necessary for reporting purposes.

But even then, that only affects how the case is recorded – not how the person is treated. All workers who speak up should receive the same high-quality response.

We will explore the role of prescribed persons further in a future blog.

“I’d welcome clarity on the Public Interest Disclosure Act.”

Wanting to understand the basics of the law is entirely understandable – but guardians, managers and leaders are not expected to be experts on PIDA, or to advise others on it. Instead, your role is to ensure that any worker who speaks up is treated with respect, taken seriously, and supported throughout.

If a worker is seeking guidance on PIDA specifically, there are sources of advice and guidance available:

- Trade unions may be able to advise their members
- Some insurance policies include legal expenses cover for employment-related matters
- Workers can contact independent advice services, such as Protect.

Freedom to Speak Up guardians can seek support from the National Guardian’s Office if they’re unsure how to proceed or need a sounding board.

Final thoughts

Our responsibility when someone speaks up is to ensure they are heard and supported, and that we respond to what they are bringing to our attention. Freedom to Speak Up shows us how: act promptly, be impartial, never victimise and follow up. It’s built on the principle that all concerns matter, and all workers deserve a safe space to raise them. This approach ensures that legal protection becomes what it was always meant to be – a last resort for the worker, not a first consideration for the organisation. Crucially, by getting the culture and arrangements right, organisations can create an environment where workers are not having to rely on legal redress for being mistreated.

Bereket, S. (2025). What everyone who supports speaking up needs to understand about the Public Interest Disclosure Act - National Guardian’s Office. [online] National Guardian’s Office. Available at: <https://nationalguardian.org.uk/2025/04/02/what-everyone-who-supports-speaking-up-needs-to-understand-about-the-public-interest-disclosure-act/> [Accessed 16 Apr. 2025].

Appendix 2

Speaking Up Support Scheme 2025



NHS England is offering the Speaking Up Support Scheme again this year.

The scheme provides a range of support for past and present NHS workers who have experienced a significant adverse impact on both their professional and personal lives following the completion of a formal speak up process. It offers a structured online support programme including a health and wellbeing session, psychological support, career coaching and personal development workshops.

Please consider if anyone who has spoken up in your organisation may benefit from the scheme and signpost them to further information.

More information about the support scheme, and resources to support Freedom to Speak Up arrangements for NHS organisations can be found by clicking [here](#).

Closing date for the applications is 19 May 2025. Places are limited and subject to eligibility criteria.



Paper for submission to the Public Board on 8th May 2025

Report title:	Dudley Health and Care Partnership (DHCP) Update
Sponsoring executive:	Kat Rose, Chief of Integration
Report author:	Sally Cornfield, DHCP Programme Director

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

The Dudley Place Update highlights the Dudley Health and Care Partnership's commitment to a "community first" approach, aiming to provide more care in the community and reduce unnecessary hospital admissions. Key achievements in 2024/2025 include the integration of teams from the Local Authority, DFGT and Shropshire Community Healthcare NHS Trust into a revised model of care for our expectant families and most vulnerable infants; listening to our patients and via Healthwatch making practical changes to improve experience and outcomes in Primary Care; delivering a Women's Health Hub to improve women's access to and experiences with healthcare, particularly in areas like reproductive health, gynaecology, and overall well-being. Dudley's offer has integrated existing services, reduced inequalities, and improved outcomes for women.

Looking ahead to 2025/2026, the Partnership will continue to focus on 3 priorities:

1. Integrated community and primary care,
2. Prevention,
3. Social and economic development.

Deep dives conducted in 2024/2025 led to action plans addressing unplanned care home admissions, redefined Better Care Fund outcomes, and a new group tackling childhood vaccination inequalities. Further deep dives are planned for 2025/2026 focusing on falls, diabetes and hypertension, health checks for those with mental health or learning disabilities, and dementia diagnosis rates.

Following the Dudley Improvement Practice Value Stream Analysis (VSA), eleven "cells" have been formed following a collaborative improvement event including partners, each targeting specific areas to enhance patient journeys and integration between services, with the overarching ambition of enabling people to receive the right care in their community and stay in their own homes when appropriate by March 2026. These cells directly impact nine of the Partnership's key performance indicators.

Assure

Dudley Health and Care Partnership is actively working towards its mission through clear priorities, collaborative efforts, and a commitment to continuous improvement, with evidence of progress during 2024/2025 and concrete plans for the future.

Advise

The further reading pack provides a detailed summary of the outputs of the Community First Value Stream Analysis (VSA) and links outcomes to the DGFT Strategic Plan.

Alert

We are expecting the Dudley Health and Care Partnership to evolve and mature during 2025/2026. A new Chair has been elected representing the voluntary sector (previously Primary Care) and emerging wider national policy change is affecting all partners. We will spend time over the coming few months to consider the impact of this on our plans and challenge ourselves to continue to be ambitious whilst behaving in line with our values of respect, clarity and courage.

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

3. Report journey
Board of Directors

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note and discuss the contents of the report

5. Impact		
Board Assurance Framework Risk 1.1		Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2		Achieve outstanding CQC rating.
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 6.0	x	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

REPORTS FOR ASSURANCE

Dudley Health and Care Partnership Update

Report to Public Board on 8th May 2025

1. Purpose

The purpose of this update is to inform stakeholders about the Dudley Health and Care Partnership's progress in 2024/2025, outline our priorities and plans for the future (specifically for 2025/2026), and highlight collaborative initiatives aimed at improving health and care delivery for Dudley citizens. It demonstrates existing activities and ongoing priorities to deliver a "community first" model of integrated care.

2. Dudley Place Update

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.*

2.1 Reflections on Progress 2024/2025

This year we have been really focused and concentrated on our agreed priorities that all partners can contribute to and influence. Our commitment remains as "community first" which is one of the 3 shifts required by government over the next 10 years.

There have been significant changes to our partnership this year, most notably through the introduction of a new partner, Shropshire Community Healthcare NHS Trust who are the provider of our children's 0-19 years' service and the dissolution of Dudley Integrated Healthcare NHS Trust. As a partnership we have navigated these changes through an ongoing commitment to the care of our citizens and to the integration of pathways and services to improve both health and social care.

Acknowledging our current financial position, we remain committed to integration and collaboration to drive improvements. To transform patient care we will prioritise optimal resource allocation, collaborative relationships and expand our reach by bring care closer to home and supporting people in their neighbourhoods.

We are confident that the Dudley Health and Care Partnership will continue to build upon its achievements, ensuring the delivery of high-quality, integrated care for the communities of Dudley and will continue to deliver against our agreed model of care which is a structured framework that outlines how Dudley's health and social care services are organised and delivered and how we are coordinating care across different settings and providers.

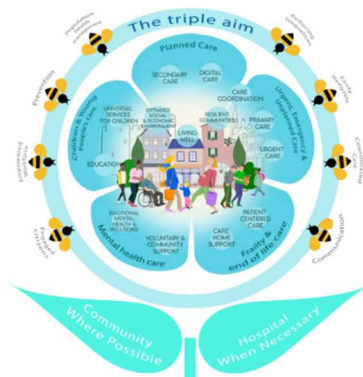
Its purpose is to:

- improve the quality and efficiency of healthcare services.
- ensure patients receive the right care at the right time in the right place.
- promote patient-centred care and improve health outcomes.

Key components are:

- interprofessional collaboration – working together to improve outcomes
- care coordination – how is the care journey managed and tracked

The following page is a summary of our key partnership success 2024/2025



Shift the Curve of Future Demand*

- **Primary Prevention** – GPs have successfully met their target of treating 80% of hypertension patients following NICE guidelines. This is a significant accomplishment that is expected to lead to a reduction in heart attacks, strokes, and deaths related to circulatory diseases - see figure 1
- **Secondary Prevention** - between Aug 2024 – Feb 2025, 2,222 targeted lung health check scans were conducted for participants from within 2 Primary Care Networks. 10 lung cancers in total have been detected; 9 participants with stage 1 lung cancers, and 1 participant with stage 2; all receiving rapid intervention.
- **Empowering self care** – Dudley Community Information Directory (DCID) is a key tool for improving navigation and supporting self-care by providing accessible information about local services
- **Optimising health and social care delivery and efficiency** – integrated First 1001 Days Teams delivered personalised care out of the 5 Family Hubs ensuring coordinated care for infants and their families. There has been a statistically significant increase in infants totally or partially breastfed and reduction in infants receiving no breast milk – see figure 2
- **Culture of Health and Wellbeing** – “WorkWell” supports people to both return and thrive in work. Since Oct 2024, 163 Dudley residents have been referred with a 50.92% conversion rate.

Transform Citizen Experience**

- **Access and convenience** – Dudley Healthwatch worked with over 1000 local people who shared their experiences of GP services in Dudley, to create a Patient Charter that encourages practices to meet the accessibility and communication needs of local people. All GP practices in Dudley have now signed up to the Patient Charter, it is displayed on GP websites for patients to discover their rights.
- **Communication and Information** – we are working hard to ensure consistent and accurate information is provided across all touchpoints, reducing confusion and building trust. A monthly newsletter “The Place to Be” is shared across the partnership
- **Compassionate Care** – 31 Dudley women coproduced the Women’s Health Hub ensuring there was safe spaces for women to share thoughts and concerns. Menopause Cafes were established as a result of this coproduction. To date 51 women have participated.
- **Thoughtful use of technology** – between April 2024 – Dec 2024 there were 954 downloads of “Dadpad” – average of 35% of births per month | The Essential Guide for New Dads | Support Guide for New Dads (thedadpad.co.uk)

Strengthen Partnership Effectiveness

- **Clear goals, shared vision and values and common objectives** – were all agreed as part of the ICB Joint Forward Plan. In 2023/2024 17 Partnership KPIs were agreed that are both contributed to and benefit multiple partners. Over the year
- **Open and Transparent Communication** – during 2024/2025 there were 11 Board Meetings, 100% were quorate with agenda items proposed by all partners agreed by the Executive Team.
- **Build trust and mutual respect** – by delivering on commitments, acknowledge contributions and foster personal connections via monthly meetings, face to face bi-monthly
- **Clear roles and responsibilities** – via a Partnership Agreement, with an active action tracker and KPI dashboard for clear accountability. It has been agreed that the DGFT Chief of Integration will chair the Executive Team on a permanent basis to establish this group as the partnership “engine room”
- **Collaborative strategies** – we participate in joint planning, shared resources and expertise via Executive Team, contributing to system and organisational

Reduce
inequalities
in health
and
healthcare

Improve
outcomes
for
children &
young
people

Figure 1

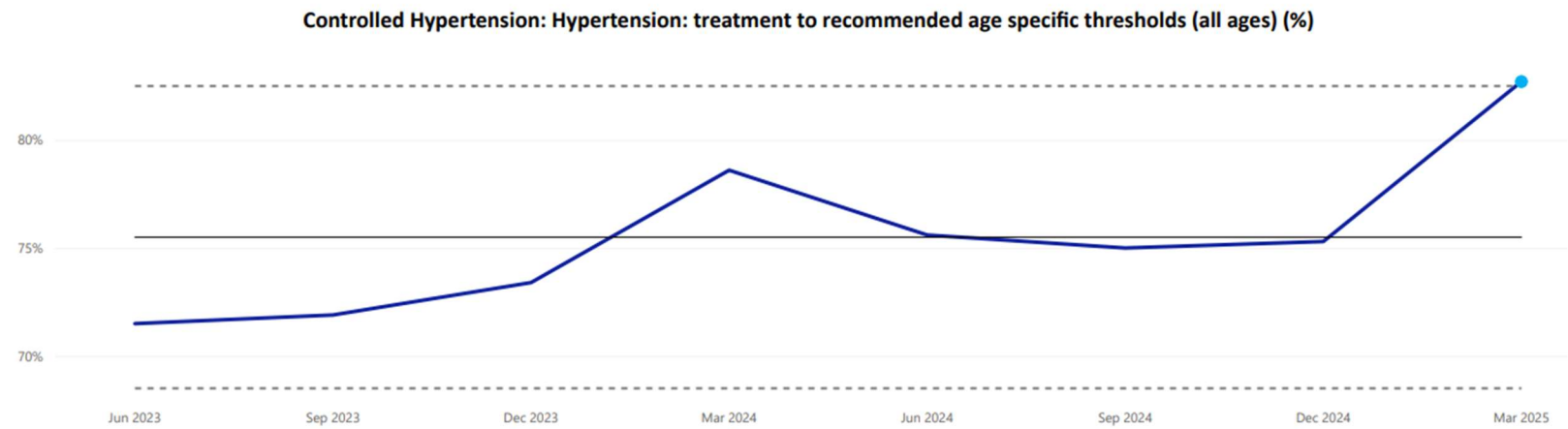
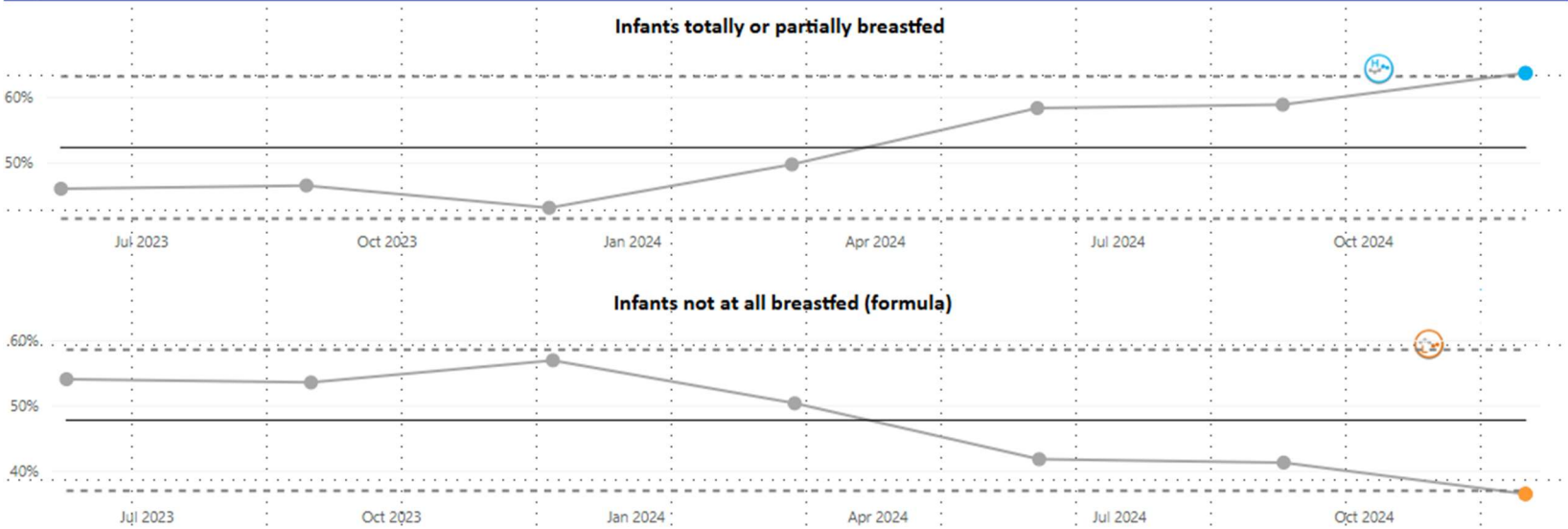


Figure 2



Another area of notable success was the Black Country response to the Right Care, Right Person (RCRP) model that aims to ensure individuals needing health or social care are responded to by the right person, with the right skills, training, and experience to best meet their needs. It shifts from the police being the default first responder in many situations, especially those involving mental health, to directing those calls to the appropriate specialist agency. Black Country Healthcare NHS Foundation Trust as system lead for RCRP have been working collaboratively with partner agencies across the Black Country and West Midlands Police (WMP) jurisdiction to develop and implement the guidance and programme of work. Dudley's Local Authority Approved Mental Health Professional (AMHP) played a crucial role alongside DGFT A&E Team and the Lead for Mental Health and Complex Vulnerabilities with the Programme Director playing vital coordination and facilitation role.

The 2024/25 NHS operational planning guidance asked integrated care boards (ICBs) to “establish and develop at least one women’s health hub in every ICB 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 ICB. 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, Menopause Cafés, at the heart of our communities in our Family Hubs.

During Jan – March 2025:

Referrals received:	50
Referrals rejected/pt. declined:	4
Appointments undertaken:	55
Referring practices:	16
No. at Menopause Cafes	51

Also, during 2024/2025 a number of our partners have been accredited or completed inspections:

- Dudley CVS received Local Infrastructure Quality Accreditation (LIQA)
- The Area SEND inspection of Dudley Local Area Partnership reported that practitioners from different services work well together. They share information effectively, and this results in an efficient multi-disciplinary approach to providing services for children and young people. Across those services working with children and young people, there is a strong sense of partnership working and a shared vision for all children and young people.
- Dudley Adult Social Care submitted a self-assessment pending a CQC inspection

2.2 Plans for 2025/2026

As we progress into 2025/2026, we will continue to focus on 3 in year priorities: 1. Integrated Community and Primary Care, 2. Prevention and 3. Social and Economic Development

During 2024/2025 we conducted 3 partnership deep dives with a focus on health inequalities and identifying the added value of partnership working. As a result, we developed an action plan to address unplanned admissions from Care Homes, redefined the Better Care Fund outcomes and established a Childhood Vaccinations Inequalities Group to address vaccine hesitancy that is being witness across England and is likely to increasing risks of vaccine-preventable disease outbreaks and epidemics.

We expect to see tangible improvements as a result of this work during 2025/2026 with governance via the Board.

A further 4 Deep Dives have been proposed for 2025/2026

- May – Falls – linked with the Public Health Needs Assessment
- July – Diabetes and Hypertension
- September – Health checks for people with mental health or learning disabilities
- November – Dementia diagnosis rate

Dudley's Primary, Community and Secondary Care Interface Group continues to strengthen relationships between partners and collaborate on integrated pathway design. An interface "Inbox" was used to identify 5 themes impacting the interface and the first clinically led task and finish group focusing on "Better Management of Shared Workload" generated a series of recommendations that will have a positive impact during 2025/2026. In May the second task and finish group focusing on "Discharge" will take place and an implementation plan to address the other 3 areas has been developed. The group will continue to provide oversight and assurance on service developments, to include advice and guidance.

The local Voluntary and Community Sector has faced major challenges over the last decade, including significant financial cuts due to austerity, the loss of EU funding, and delays in replacement funds, disproportionately impacting smaller organisations. Simultaneously, demand for their services has surged following the pandemic and cost of living crisis, while spiralling inflation and energy costs strain finances further. Retaining staff is difficult due to pay disparities with statutory organisations and recruiting and retaining a diverse range of volunteers and trustees, particularly younger individuals, remains an ongoing struggle, threatening the sustainability of the sector.

Two workstreams have been established to address these challenges with a Trustee programme launched for senior NHS and Local Authority leaders resulting in 4 new Trustees for Dudley organisations during 204/2025. We aim to double this number and using "Time to give where you live" connect staff to commitment free volunteering opportunities based on their location and interests or skills they are willing to share.

The Dudley Compact is agreement between the local statutory organisations and the voluntary and community sector in Dudley borough. It aims to define and strengthen relationships by establishing principles and commitments to which all parties to the Compact sign up. The Oversight Group has address 1 breach during the year and made a series of recommendations which will be taken forward during 2025/2026 by the newly established Commissioning Community of Practice and Partnership Funding Group.

We will continue to mobilise the WorkWell and I-Can employment programmes in Dudley to ensure that we have an inclusive, representative, fit and well workforce with a recruitment culture and working environment to support people to thrive in work.

In April we will host a refreshed Housing and Health Partnership with 8 social housing providers and the Local Authority housing department joining the NHS and Public Health at 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.

The Programme Director has contributed to the DGFT Strategy as part of their ongoing coproduction of the strategic vision, objectives. Areas marked in **RED** in further reading pack identify where Dudley Health and Care Partnership has shared objectives and outcomes.

In addition, during the first week in April partners in Dudley collaborated to identify improvements that would enhance the quality of care and patient experience by taking a community first approach. They focused on optimising the patient journey and ensuring seamless integration between different services. Utilising a structured approach with guidance from the DGFT Dudley Improvement

Practice (DIP) Team, areas for improvement were identified with solutions identified and 11 "cells" formed to put ideas into action. The overall agreed ambition is:

"Wouldn't it be great if people had access to the right health and care support in their community that allowed them to stay in their own home."

By March 2026, our shared aim is to create community-first pathways delivering early interventions, reducing unnecessary hospital visits.

9 of the 11 cells will directly impact 9 of the Partnership KPIs as outlined below:

Cell	Partnership KPI	Partnership KPI	Partnership KPI
Self-Referral Pathway	1. Emergency admissions to hospital for people aged over 65 per 100,000 population	12. Controlled hypertension & diabetes	
Community Navigation Centre	1. Emergency admissions to hospital for people aged over 65 per 100,000 population	4. Clinical Hub calls received and triaged appropriately	5. Virtual ward beds per 100,000 population and bed occupancy
Social Prescribing Discharge	2. Average length of discharge delay for all acute adult patients		
Social Care Discharge Team	2. Average length of discharge delay for all acute adult patients	3. Long-term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population	
Jean Bishop Centre	1. Emergency admissions to hospital for people aged over 65 per 100,000 population		
Access to Step-Up Beds	2. Average length of discharge delay for all acute adult patients		
Children & Young People	7. Children missing from education		
Care Home Pilot	1. Emergency admissions to hospital for people aged over 65 per 100,000 population		
Community Partnership Teams	1. Emergency admissions to hospital for people aged over 65 per 100,000 population	11. Dementia diagnosis rate	12. Controlled hypertension & diabetes

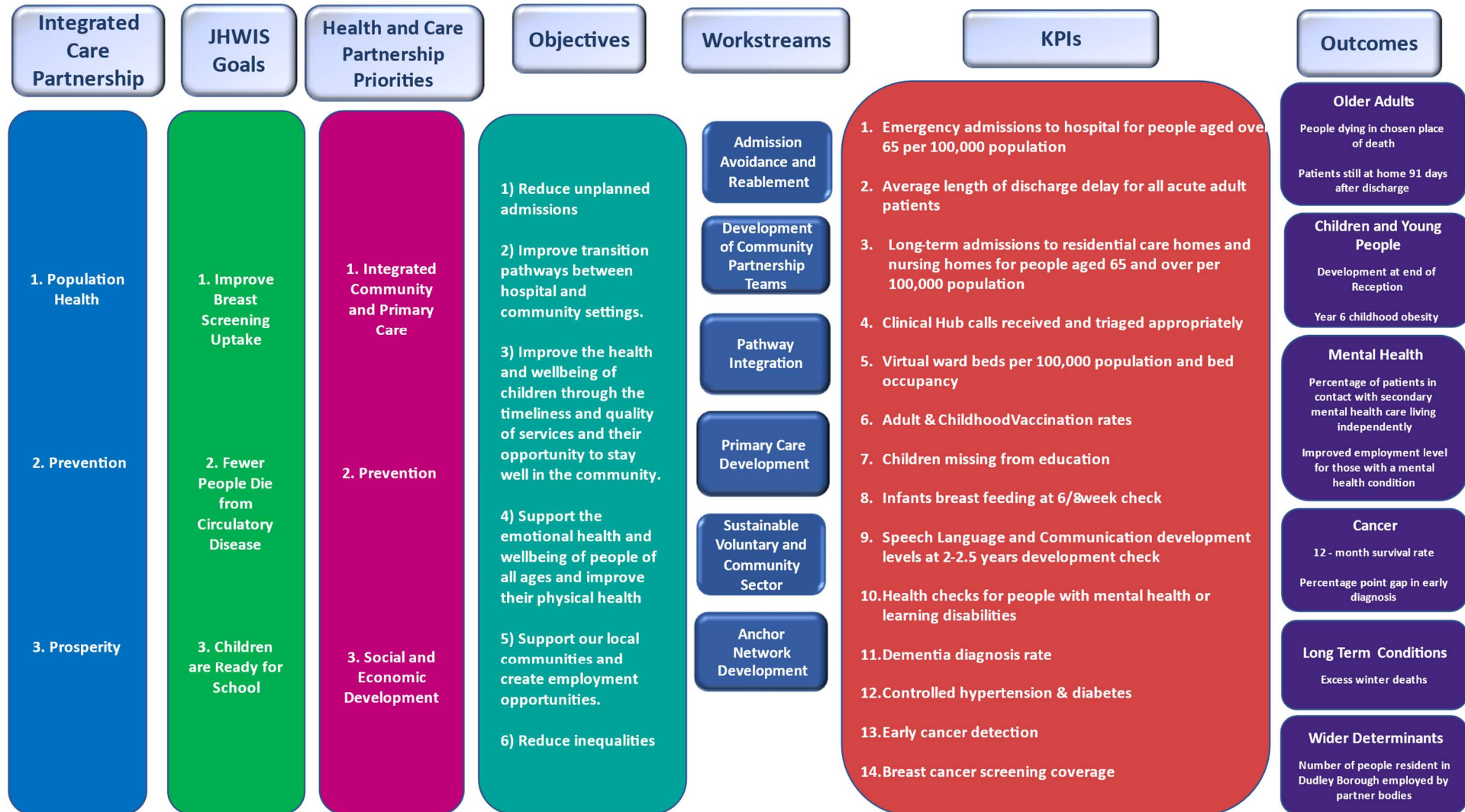
To see the summary report out from the Community First team detailing their plans and next steps, watch the recording [here](#). A full report is included in the further reading pack. 3 of the 11 cells will benefit from implementation events:

- | | |
|---------------------------------------|---------------|
| 1. Care Homes | 02-06 June |
| 2. Community Partnership Teams (CPTs) | 14-18 July |
| 3. Pain Pathway | 13-17 October |

The CPT Cell will support the move to proactive, planned and responsive care based on population needs, utilising population health management to include piloting risk stratification tools. The CPTs are core components that enable neighbourhood health as set out in the 2025/2026 NHS Planning Guidance.

Our Future

In order to deliver the commitments made in the Joint Forward Plan for 2023 – 2028 we will continue to focus on our agreed priorities that all partners can contribute to and influence. The plan on a page below is an overview of what the Partnership is looking to deliver and how this aligns with wider system priorities. KPIs have been reduced to 14 to reflect the outcomes of the Better Care Fund plan.



3. Conclusion and Recommendations

This report demonstrates that Dudley Health and Care Partnership is actively working towards its mission through clear priorities, collaborative efforts, and a commitment to continuous improvement, with evidence of progress during 2024/2025 and concrete plans for the future.

We are expecting the Dudley Health and Care Partnership to evolve and mature during 2025/2026. A new Chair has been elected representing the voluntary sector (previously Primary Care) and emerging wider national policy change is affecting all partners. We will spend time over the coming few months to consider the impact of this on our plans and challenge ourselves to continue to be ambitious whilst behaving in line with our values of respect, clarity and courage.

The Trust Board is note and discuss the contents of the report.

Enclosure 17

Paper for submission to the Board of Directors on 8th May 2025

Report title:	Strategy & Annual Plan progress report – Q4 2024/25
Sponsoring executive:	Adam Thomas Group Chief Strategy and Digital Officer
Report author:	Ian Chadwell, Deputy Director of Strategy

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

Assure

Mortality performance continues to be good.

Continued reduction in DNA rate for outpatients and theatre utilisation above England average. Vacancy rate remains below the target of 7% with low turnover for nursing, midwifery and AHP staff.

Achievement of the financial plan.

Advise

Sixty five week waiters have been virtually eliminated this quarter with challenges remaining in some specialties.

Alert

The number of complaints and response times have not been reduced 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.

This summary report is supported by additional information available in the reading pack. This is the last time this report will be submitted in this format. Following the completion of the annual plan for 2025/26 a new format will track progress against the in-year objectives and the assurance metrics that show whether the strategy is being delivered. First report will cover the period April – June 2025.

2. Alignment to our Vision

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

3. Report journey

Executive Directors – 15th April 2025
Relevant sections to all four committees – 24th, 29th, 30th April 2025
Public Trust Board – 8th May 2025

4. Recommendation

The Public Trust Board is asked to:

a) To note the strategy progress report for Q4 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 – Q4 2024/25

Report to Board of Directors on 8th May 2025

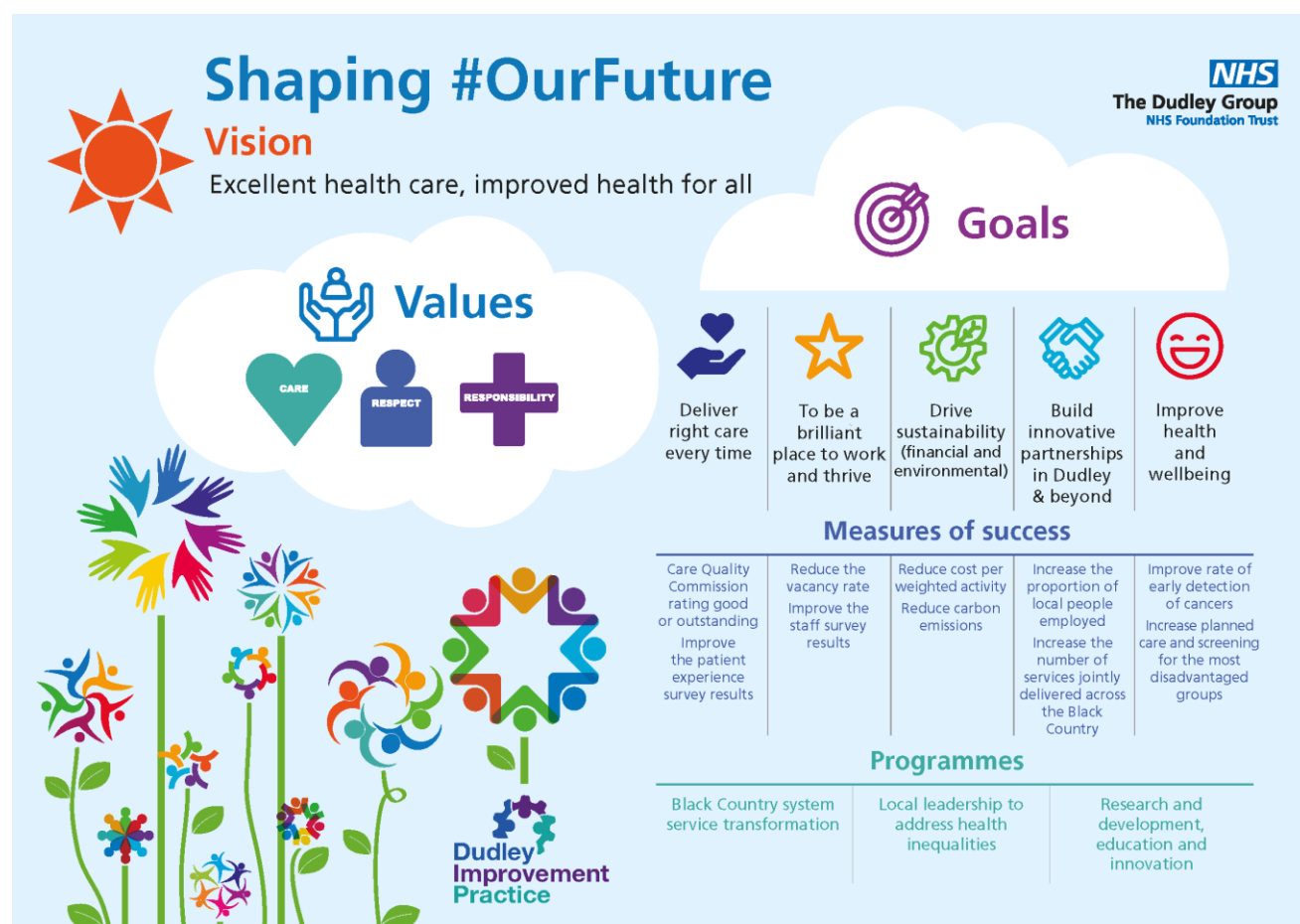
EXECUTIVE SUMMARY

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 April.

The committees received the reports as being a comprehensive reflection.

BACKGROUND INFORMATION

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



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

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

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

Progress to highlight from quarter 4 2024/25

- Continued good performance against the constitutional targets for elective care;
- Continued good performance for mortality;
- Vacancy rate remains below the target of 7% with low turnover for nursing, midwifery and AHP staff;
- 'ICan' programme to support local employment achieved more than target;
- Ahead of trajectory for reducing 52-week waiters;
- Achievement of the financial plan.
- Number of complaints and response times have not reduced 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.

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

This is the last time this report will be submitted in this format. Following the completion of the annual plan for 2025/26 a new format will track progress against the in-year objectives and the assurance metrics that show whether the strategy is being delivered. First report will cover the period April – June 2025.

RISKS AND MITIGATIONS

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

RECOMMENDATIONS

To note the strategy progress report for Q4 2024/25.

Ian Chadwell
Deputy Director of Strategy
30th April 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

Appendix 1

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

Goal, success measure and objective from annual plan	RAG rating	
	This quarter	Last quarter
Deliver right care every time		
Measures of success		
CQC good or outstanding		
Improve the patient experience results		
Achieve NHS constitution targets		
Objectives from the annual plan		
Reduce complaints by 15% compared to 23/24		
90% of complaints to be responded to in 30 days		
Increase responses to patient experience survey by 20%		
Reduction in incidents resulting in significant harm		
Standardised hospital mortality index (SHMI) better than England average		
Re-admission within 28 days better than England average		
Eliminate 65 week waits by September 2024 and reduce 52 week waits		
Improve productivity (reduce DNA rate to better than England average, increase PIFU to 5%, theatre utilisation 85%)		
Be a brilliant place to work and thrive		
Measures of success		
Improve the staff survey results to better than England average		
Reduce the vacancy rate to 7% or below		
Objectives from the annual plan		
Improve retention rates for nursing, midwifery and AHP groups		
Bullying and harassment – staff survey results better than England average		
Raising concerns – staff survey results better than England average		
Recommend trust as a place to work – staff survey results better than England average		
Drive sustainability		
Measures of success		
Reduce cost per weighted activity to better than England average		
Reduce carbon emissions (year-on-year decrease to achieve net zero by 2040)		
Objectives from the annual plan		
Deliver financial plan (deficit of £32.565m)		
Deliver recurrent cost improvement programme of £31.896m		
Reduction in use of bank by 25%		
Build innovative partnerships in Dudley and beyond		
Measures of success		
Increase proportion of local people employed to 70% by Mar-25		
Increase the number of services delivered jointly across the Black Country		
Objectives from the annual plan		
A total of 35 people into work via ICan (through jobs and skills hubs or paid work experience)		
Improve discharge processes		
Improve health and wellbeing		
Measures of success		
Improve rate of early detection of cancers (75% of cancers diagnosed at stages I,II by 2028)		
Increase planned care and screening from disadvantaged groups		
Objectives from the annual plan		
Achieve acceptable coverage for breast screening (70%) and work towards achievable level (80%)		

Strategic Planning Framework 2024/25

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

Paper for submission to the Board of Directors 8 May 2025

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

1. Summary of key issues

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

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

Summary of changes since the last report – March 2024

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

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

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

Responding to the request for increased cross committee oversight of risks, each BAF risk is summarised in this document for the reporting period. The Board is asked to note that current BAF risk have been subject to review and close out with any outstanding matter to be transferred to the refreshed BAF as part of the work to align the BAF with the refreshed Trust Strategy.

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

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

Items to note

- Discharge management - A multiagency MADE event and visit from NHSE UEC national team conducted during February and March, with very helpful feedback received which will be incorporated into the existing portfolio of work, led by Andy Proctor and operational teams.
- Patient Experience and complaints framework – Further improvement observed and ongoing focus remains.
- Quality account and agreed quality priorities – Quality priorities have now been agreed, and an overarching Quality and Safety Plan is being developed as well as the Quality Accounts for 2024/25.

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

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

The current risk score is 12 (4x3). Updated February 2025

Current Trust overall rating of Requires Improvement with recent CQC inspections:

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

Score remains at 12 due to:

- Quality and Safety Review schedule have been recommenced at the Core Service level; areas for improvement identified have the potential to negatively impact on the Safe domain rating.
- The self-assessment process is complete (awaiting Committee sign off). Although most core services rated themselves as Good, there are a number of areas for improvement. Furthermore, the ratings assigned are reflective of Q2 and do not fully capture the impact of winter pressures. The second cycle of assessment is due to commence.
- The integration of the Place Division into the Trust Governance Framework is making good progress. However further internal assurance is required in terms of compliance to CQC quality standards
- There are a small number of actions post CQC inspection that are yet to be completed and evidenced.
- Uncertainty around CQC's approaches to inspection and their processes may negatively impact reinspection timing.
- Further work is required and planned to support the clinical areas in their preparation for inspection.

The target score is 6 (2x3) as there is potential for possible breaches of standards and performance challenges, but these would not be considered to pose significant challenges to resolve/recover.

The risk appetite is defined as Open. Committee assurance level rating was last reviewed in February and remained as positive.

Items to note

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

- CQC self-assessment – the final 'confirm and challenge' session completed 11th March 2025.
- Ward to Board visits – noting quarterly visit report submitted to execs and regular reporting to board when required as business as usual.
- Quality & Safety Assurance framework - concerns raised where improvement planning has not yet addressed ongoing issue/risk is currently challenged in making progress. To work with services under review to support SMART action planning. Dudley Improvement

Practice to ensure appropriate improvement skills/expertise is utilised to help address recurrent issues

- DIHC policies and procedures alignment to the Dudley Group progress – proposed due date extended from February to June 2025.
- Corporate and divisional risks updated to reflect current status of those 'red' risks (score 20 or over)

BAF Risk 2 – Failure to effectively manage workforce demand and capacity which will compromise the ability to deliver safe and effective care, maintain staff morale and regulatory compliance.

Current risk score is 12 (4x3) (Serious x Possible). The Trust requires sufficient workforce capacity to deliver safe services. This score has been reviewed in line with the levers in the Risk Management Strategy and the score has been increased due to an increasing trend in sickness absence which will impact on capacity and bank utilisation.

Whilst there are existing staffing challenges, normalised vacancy levels are low, retention remains high and turnover remains consistently below target. There remain shortages in some professions such as Allied Health Professionals (Radiographers) and Pharmacists.

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

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

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

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

Items to note

- Update wellbeing Hub pages - Hub page content moved to cloud-based system, complete
- Review EAP (Employee Assistance Programme) service provision, with potential system partners - – Revised target date to 30th April 2025 – Procurement process underway A detailed options appraisal paper will be presented to Execs in April 2025, including exploring options with SWBH.
- Ensure a rolling programme of health surveillance is in place via the Trust's Occupational Health Service (SHAW) revised target date of 30th June 2026 (was Feb)
- Delivery of phase 1 improvements identified from the AHP Workforce review work already underway and review impact Feb 25 (was Jan 25).
- Review processes and recording of absence for Medical Staff and establish a process for confirm and challenge on a regular basis. Medi Rota e-leave migration projects provides an opportunity to use medi rota for recording all absences and not just leave. ESR interface is being tested.
- Develop the organisation's approach to resilient rosters which are connected to workforce plans which includes both transactional forward planning of rosters, anticipating leave and cultural elements to support difficult decisions in roster managers. 01 April 2026. This will

form a core part of the 2025/26 CIP and Quality and Efficiency workstreams across the year.

- Redesign of the Exit Survey and Exit survey process – to also include internal movements work continues with design and testing – delays linked to prioritised work on flexible working data capture (in line with annual review period). Revised delivery date of April 2025 (was 28/2/25)
- Undertake a review of Medical Locum payrates both internally and across the system - to commence discussions locally around an interim rate. Paper to go to Execs in April 2025.
- Review of Band 2 CSW's in line with national profile changes – scoping undertaken - final proposal to Unions and members to be sent following meeting held on 23rd January 2025 (this has been delayed due to pressures of operational planning). Anticipated completion date 30 June 2025.
- Develop and deliver a clear approach to succession planning for service critical posts including competencies, development framework and SOP for annual review of succession plans - Initial outline approved by March 2025. Not yet complete. Amended timetable under review to ensure alignment with national Leadership and Management Framework. Planned up date of timeline by April 2025. Initial cycle of plans completed in line with annual review process by end June 2025

To note that completed actions are listed at foot of BAF document 2. The People Committee retained a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 3 – Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.

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

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

Failure to deliver against the Trust's Strategic Plan, People Plan and the NHS People Promises will impact on the score in this area. There are mitigating actions in place but measures of engagement and morale are at fixed points in time which make it difficult to establish a reliable assessment of organisational effectiveness in this area.

Increased financial scrutiny and additional restrictions to support delivery of the financial recovery plan negatively impact staff engagement and morale. Restrictions on recruitment through grip and control impact negatively on engagement and morale in wider teams as this results in delays in cover for vacancies and increased workload. Increased periods of operational demand create potential tensions in teams which can impact engagement and morale. Mitigation for this is in place through the People Plan and support packages in place. The transfer in of DHIC staff is an unknown impact on engagement and this will need to be closely monitored to support proactive action.

The target score is 6 (2x3), The aim is to move the likelihood to 'Possible,' whilst the impact of the risk will be Minor.

Items to note

- Develop data capture and reporting to support improved impact and satisfaction around flexible working options and experience of staff - Framework developed and reporting

through Annual Review dashboard in place. On track. Further reporting planned after close of Annual review period in June 2025.

- Re-launch wellbeing conversations on track to meet revised date of 31/3/25
- Undertake an initial review of data regarding employee experience (to include FTSU, Datix, Complaints, HR concerns/grievances, Staff Survey) to establish baseline. Develop a regular review of this data to inform listening and engagement strategy, bespoke team support and deliver of People Plan and associated Journeys - work is being completed through ward accreditation and staff survey action planning at Divisional level. Working on establishing routine process – amended delivery of May 2025.
- Develop pilot of a balanced scorecard to reflect engagement and morale measures alongside workforce, performance and patient experience - delays in undertaking this work. Amended delivery timetable of Q2 2025/26.
- Increased reporting on bullying and harassment through staff survey - Policy launched as planned 17th March, communication and launch plan is now underway. On track.
- Reporting of poor behaviours and team culture has increased. Bespoke team support offer formalised and published including prioritisation and targeted support linked to Staff Survey results annually. Amended delivery timetable in line with Staff Survey results – planning for teams to be identified and work commence from April 2025.
- Development of competencies in key corporate roles including HR Business Partners to deliver effective support to the organisation (linked to national People programme) - Revised timetable due to national leadership competencies. Update planned in April in line with national updates.
- Developing and embedding competency profiles and development plans for all service leaders - revised timetable due to national leadership competencies. Update planned in April in line with national updates.

To note that completed actions are moved out to the table at foot of BAF document 3. The People Committee retained a 'positive' Committee level assurance rating at its last meeting.

BAF Risk 4 – Financial Sustainability

Rationale for current risk score - the current risk score is 20 (5x4) Q3 based on an almost certain and major impact assessment. The Trust had set a deficit plan of £32.6m which has subsequently been revised to a £1.6m deficit following receipt of deficit funding and a distribution of the ICB surplus. To achieve this plan the Trust is required to deliver £31.9m CIP. The medium-term financial plan requires further work at a system level to substantiate future years efficiency plans.

The target risk score is 12 (4x3). This is based on a reduction in likelihood (from 4 to 3) but unchanged impact. This reflects the Trust having a fully identified CIP plan for 2024/25 and a clear medium-term plan showing financial sustainability.

Items to note

- The Trust achieved its financial plan for 2024/25 delivering a final deficit position of £1.543m against the plan of a deficit of £1.590m.
- As at the end of March ERF had performed well with the Trust overperforming against the NHSE plan by £18.052m. The Trust overachieved its internal ERF forecast for the financial year by £3.7m.
- At month 12 reporting the full CIP plan of £31.896 has been identified (with further schemes above this identified to mitigate non-delivery). The Trust fully achieved delivery of the £31.896m plan with 73% delivery recurrent (£23.3m).
- At the end of Month 12 the Trust is above its workforce plan by 469 WTE's. The Trust was able to mitigate the shortfall on this CIP scheme but with non-recurrent schemes in the main covering this.

- At M12 the System has delivered the 2024/25 financial plan with shortfalls at RWT and WHC offset by achievement of above plan by BCH and WMAS
- The Trust and System submitted a break-even financial plan for 2025/26 to NHSE in March 2025 with £95m of deficit funding support included.

To note that the Committee maintained 'positive' Committee level assurance rating at its last meeting. The Committee is asked to discuss a proposed reduction to the Q4 residual risk score based on the items listed. Ahead of refreshing the BAF to reflect the refreshed Trust strategy, the committee is also asked to consider closure of the risk in the risk register for the year.

BAF Risk 5 – Failure to achieve carbon reduction emissions in line with NHSE Net Zero targets

Failure to successfully adapt and reduce carbon emissions due to competing organisational and PFI pressures and availability of resources, resulting in a failure to meet targets set by NHSE and outlined within the Health and Social Care Act (2022). The resulting impact will cause risk in the following areas: regulatory, financial, workforce, patient safety, and increased health inequalities.

The current risk score is 12 (3x4). This is because we still developing our understanding of what actions will have the biggest change on carbon emissions. A baseline has been published but actions particularly around decarbonisation of the estate will only demonstrate impact over a longer time frame. The impacts of climate change are here now, and the Trust needs to adapt to ensure risk and impact are mitigated.

The target score is 8 (4x2). The Trust needs to develop appropriate plans to ensure that this is unlikely, whilst the impact would remain major.

To note that the Committee assigned a 'positive' Committee level assurance rating at its October 2024 meeting.

BAF Risk 3 (was BAF 6) refreshed to:

If the Trust fails to build innovative partnerships, there is a risk that the Trust will be unable to transform the way services are delivered which will impact on the Trust's ability to improve the health of our communities

To note that BAF 3 is the refreshed BAF for 2025/2026 prompting the close out of the BAF 6 developed for the period 2024/2025. This has been reviewed and where actions are relevant to the Trusts strategic goals in their refreshed form, they have been retained.

BAF 3 has been drafted to set out the key controls, gaps in key controls and mitigation actions assigned to an exec lead. The proposed inherent risk is 12 (3x4). This is based on a possible and major impact assessment. The impact is assessed as major as the health outcomes of our population will not improve without us working in partnership to deliver transformation. There will also be an impact on our reputation.

The proposed target score is 8 (2x4). The Trust should be making appropriate plans to ensure that this is 'unlikely', whilst the impact would remain 'major'.

The proposed risk appetite Risk is Significant. There are presently no operational risks linked to this BAF.

To note the proposed joint oversight and input to the BAF development is indicated from the Black Country Provider Executive Lead and the Joint Provider Committee.

The committee was asked to review and comment on the draft version.

BAF Risk 7 – Achieve Operational Performance/Strategic goals Failure to achieve operational performance requirements and deliver strategic goals with potential to be subject to regulatory action.

Rationale for current risk score - the current risk score (post mitigation) is 12 (3x4) (was 16 (4x4)) based on a reduction in likelihood due to the assurance related to actions completed/progress. This indicates achievement of the target score. Elective activity continues to impact on waiting time. The impact of this risk, should it be realised for the Trust's services, is 'major'.

The inherent risk score is reduced to 20 (was 25 (5x5)) reflective of improved performance but mindful of ongoing challenges.

Items to note

- Transformation and strategy – workstreams identified and will remain ongoing into 2025/26
- Collaboration – remains active and engaged with all key stakeholders and will be carried forward into 2025/26
- Surge area – 26 additional beds in the Super Surge area closed

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

The Committee is asked to discuss a proposed reduction to the Q4 residual risk score based on the items listed. Ahead of refreshing the BAF to reflect the refreshed Trust strategy, the committee is also asked to consider closure of the risk in the risk register for the year.

Risk 8: If DGFT does not establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation THEN the Trust's operational performance, clinical, workforce & strategic objectives will not be delivered or risk major disruption in the event of a cyber-attack.

The current risk is 12 (4x3).

With delivery of the Sunrise upgrade and the risk reduction and mitigation in terms of digitally led corporate risks, the current risk has reduced during 2024/25. The current Digital, Data and Technology (DDaT) capacity is continuing to be exceeded and the pace of digital solution delivery remains managed by strict priority criteria due to capacity constraints. This is rate-limiting the Trust's delivery of strategic objectives. Executive Leads have identified issues as a result of this, therefore the consequent risks are highly likely to manifest.

Analytics, IT capacity and technology requirements of all strategic goals are identified as underpinning major dependent strategic consequences.

The final target score is 8 (4x2) which will not be realised within one financial year. The plan to reduce the residual risk to 12 in 2024/25 has been achieved. The detailed strategic plan is to achieve target risk score of 8 in 2026.

To reduce the likelihood will require investment in workforce skills development and resources within the digital and data teams. Existing collaborative work across the Integrated Care System (ICS) will need to continue, but all providers have capacity issues. Ongoing committed investment in Public Cloud transition and back-up reduces cyber risks.

This should mitigate the likelihood down to 'unlikely'.

The impact remains 'major' as this reflects the importance of Analytics, IT capacity and technology as underpinning all other strategic objectives.

To note that the Committee maintained 'positive' Committee level assurance rating at its last meeting.

Next Steps

The Board Assurance Framework (BAF) refresh is underway with further Board workshop activity scheduled in the new financial year to discuss finalisation of the Trusts Risk appetite and alignment of the BAF to the refreshed Trust Strategy.

2. Alignment to our Vision		
Deliver right care every time		x
Be a brilliant place to work and thrive		x
Drive sustainability (financial and environmental)		x
Build innovative partnerships in Dudley and beyond		x
Improve health and wellbeing		x
3. Report journey		
Audit Committee – March 2025, Committees in March and April, Public Trust Board May 2025		
4. Recommendations		
The Public Trust Board is asked to:		
a) Approve the updates made since the last meeting		
b) Note ongoing work embed effective risk management and the refresh work underway to align the BAF with the refreshed Trust Strategy		
5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	Effectively manage workforce demand and capacity
Board Assurance Framework Risk 3.0	X	Ensure Dudley is a brilliant place to work
Board Assurance Framework Risk 4.0	X	Remain financially sustainable in 2023/24 and beyond
Board Assurance Framework Risk 5.0	X	Achieve carbon reduction ambitions in line with NHS England Net Zero targets
Board Assurance Framework Risk 6.0	X	Deliver on its ambition to building innovative partnerships in Dudley and beyond
Board Assurance Framework Risk 7.0	X	Achieve operational performance requirements
Board Assurance Framework Risk 8.0	X	Establish, invest and sustain the infrastructures, applications and end-user devices for digital innovation
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

Summary Board Assurance Framework (BAF): April 2025 update

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – Inherent, current (residual), and target levels (Consequence x Likelihood)
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board

ID	Area	Risk Description	Lead Exec	Lead Committee	Inherent Risk score	Current Residual Risk score	Target Risk Score	Risk Appetite	Committee Assurance Rating/ last reviewed
1.1	Quality: Safe, High-Quality Care	Failure to deliver high quality, safe, person centred care and treatment resulting in incidents of avoidable harm and poor clinical outcomes.	Medical Director Chief Operating Officer Chief Nurse	Quality	20 (4x5)	12 (3x4)	9 (3x3)	Cautious	Positive Mar 2025
1.2	Compliance and Regulation	Failure to achieve Outstanding CQC rating and comply with external quality reviews, reports, and inspections could result in regulatory action	Director of Governance	Quality	20 (4x5)	12 (3x)	6 (2x3)	Open	Positive Mar 2025
2	Workforce	Failure to effectively manage workforce demand and capacity to deliver Trust Strategic Objectives	Chief People Officer	People	20 (4x5)	12 (4x3)	9 (3x3)	Seek	Positive Mar 2025
3	Staff satisfaction	Failure to ensure Dudley is a brilliant place to work and thrive will impact turnover, retention, and absence.	Chief People Officer	People	15 (3x5)	12 (3x4)	6 (2x3)	Open	Positive Mar 2025
4	Finance	Failure to remain financially sustainable in 2024/25 and beyond	Director of Finance	Finance and Productivity	20 (4x5)	20 (5x4)	12 (4x3)	Open	Positive Apr 2025
5	Environmental	Failure to achieve carbon reduction emissions in line with NHS England Net Zero targets	Director of Finance	Finance and Productivity	16 (4x4)	12 (3x4)	8 (4x2)	Open	Positive Apr 2024
6	Partnerships	Failure to deliver on its ambition to build innovative partnerships in Dudley and beyond	Chief Integration Officer	Integration Committee	16 (4x4)	12 (3x4)	8 (2x4)	Open	Positive Apr 2025
7	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	20 (4x5)	12 (3x4)	12 (3x4)	Open	Positive Apr 2025



8	IT and Digital Infrastructure	Failure to establish, invest and sustain, the resources, infrastructures, applications and end-user devices for digital innovation	Group Chief Strategy & Digital Officer	Finance and Productivity	25 (5x5)	12 (4x3)	8 (4x2)	Open	Positive Mar 2025
---	-------------------------------	--	--	--------------------------	-------------	-------------	------------	------	----------------------

Risk Scoring Levels					
Consequence score	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/ recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur possibly frequently
For grading risk, the scores obtained from the risk matrix are assigned grades as follows					
Score	Level		Colour		
1-4	Low risk				
5-12	Moderate risk				

Committee Assurance Level <i>descriptors updated March '23</i>	
Positive	The committee is satisfied that the current approach managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.
Inconclusive	Progress is being made to close gaps in controls and assurance but not all actions have been completed on time and have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.
Negative	There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision.
This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements.	

Paper for submission to the Board of Directors on 8 May 2025

Report title:	Remuneration & Nominations Joint Working Committee Meeting Summaries
Sponsoring executive:	Lesley Writtle, Deputy Chair, Sandwell & West Birmingham Hospitals NHS Trust (SWB) Gary Crowe, Deputy Chair, The Dudley Group NHS Foundation Trust (DGFT)
Report author:	Dan Conway, Associate Director of Corporate Governance/Company Secretary (SWB)

1. Summary of key issues

The narrative below summarises the first 3 meetings of the Remuneration & Nominations Joint Working Committee.

January 8, 2025

Key Points:

Introduction and Establishment: The first meeting of the joint committee, chaired by Lesley Writtle, focused on establishing the committee and drafting the Terms of Reference.

Director of Communications Appointment: Diane Wake presented the recruitment process for the Joint Director of Communications and Engagement. Laura Broster was appointed with a salary of benchmarked against 2019 VSM pay benchmarks. The committee approved the proposed remuneration for the Joint Director of Communications and Engagement.

Future Recruitment Panels: Emphasis on balanced representation from both Trusts in future recruitment panels.

March 25, 2025

Key Points:

Terms of Reference: The draft Terms of Reference were presented and approved with amendments to ensure fair representation across both organisations.

Group Chief People Officer Appointment: James Fleet was appointed as the Group Chief People Officer with a salary reflecting a 5% increase from his previous salary. The role is strategic, leading workforce priorities across both organisations.

April 4, 2025

Key Points:

Group Appointments: The committee discussed the appointments of the Group Chief Development Officer and the Group Chief Strategy & Digital Officer. Rachel Barlow and Adam Thomas were appointed with proposed salary uplifts.

Chief Nurse Pay Increase: The committee approved a substantive pay increase and a temporary responsibility allowance for the Chief Nurse at Sandwell & West Birmingham, reflecting additional responsibilities as the Deputy Chief Executive for 12 months.

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

3. Report journey
Board of Directors

4. Recommendation
The Private Trust Board is asked to:
a) NOTE the contents of the report

5. Impact		
Board Assurance Framework Risk 1.1	X	Deliver high quality, safe person centred care and treatment
Board Assurance Framework Risk 1.2	X	Achieve outstanding CQC rating.
Board Assurance Framework Risk 2.0	X	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:		