

Board of Directors Meeting Public Papers

Thursday 10th July 2025 10:00 – 13:30

Stourbridge Health and Social Care Centre, Vicarage Road, Stourbridge, DY8 4JB



Long service certificates celebrating Volunteers week/ Multi purpose room refurbishment/ Dragon Boat Race

PUBLIC SESSION

Board of Directors
Thursday 10 July at 10:00am
Stourbridge Health and Social Care Centre, Vicarage Road, Stourbridge, DY8 4JB

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 – Targeted Lung Health Screening Introduced by M Morris, Chief Nurse				
3	Declarations of Interest Click here for Register of Interests		Chair	For noting	10:30
4	Minutes of the previous meeting Thursday 08 May 2025 Action Sheet 08 May 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 – <i>Audit, Finance & Productivity, Quality, People, Charity and Integration Committee quadrants in further reading pack</i> - Joint Provider Committee	Enclosure 4 Enclosure 4a	G Crowe & Non-executive committee chairs	For approval	
6.2	Finance report Month 2 (May ’25) inc. Cost Improvement update	Enclosure 5	C Walker	For approval	
6.3	Emergency Preparedness, Resilience and Response (EPRR) Annual Report <i>Full report in further reading pack</i>	Enclosure 6	K Kelly	For Approval	
7	Our Place Build Innovative partnerships to improve the health of our communities				11:25
7.1	Dudley Health and Care Partnership Update <i>Additional documents in further reading pack</i>	Enclosure 7 & presentation	K Rose	For discussion	
Comfort break (10 mins)					
8.	Our Patients Deliver right care, in the right place, at the right time				11:50
8.1	Chief Nurse & Medical Director report inc. • Patient Experience and Complaints Annual Report • Safeguarding and Complex vulnerabilities Annual Report <i>Full reports in further reading pack</i>	Enclosure 8	J Hobbs / M Morris	For assurance	

8.2	Integrated Quality & Operational Performance Report (IQ &OPR) <i>Full reports in further reading pack</i>	Enclosure 9	J Hobbs/ K Kelly/ M Morris	For assurance	
8.3	7 day services	Enclosure 10	J Hobbs/ K Kelly/	For assurance	12:05
8.4	Winter Plan 2025/26 <ul style="list-style-type: none">Inc, ED – improvement plan, patient flow <i>Action from May 25 meeting</i>	Enclosure 11	K Kelly	For assurance	12:15
9	Our People Be a brilliant place to work & thrive				12:45
9.1	Workforce Key Performance indicators* <i>See full report in further reading pack</i>	Enclosure 12	J Fleet	For noting	
9.2	Performance Against Workforce Forecast <i>Full report in further reading pack</i>	Enclosure 13	J Fleet	For assurance	
10	Governance				12:55
10.1	Annual Report & Accounts <i>Full report in further reading pack</i>	Enclosure 14	D Wake	For assurance	
10.2	Trust Strategy 2025 – 2028 <i>Full Strategy document in further reading pack</i>	Enclosure 15	A Thomas	For approval	
10.3	Board Assurance Framework	Enclosure 16	H Board	For approval	
10.4	New Joint Board Committee’s report - Joint Infrastructure Committee, Terms of Reference	Enclosure 17	Chair	For approval	
11	Any Other Business				
12	Date of next Board of Directors meeting (public session) Thursday 11 th September 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 8th May 2025 10:00hr
Clinical Education Centre, Russells Hall Hospital

Present:

Rachel Barlow, Group Chief Development Officer (RB)
Gary Crowe, Deputy Chair (GC)
Peter Featherstone, Non-executive Director (PF)
James Fleet, Group Chief People Officer (JF)
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)
Mick Laverty, Associate Non-executive Director (ML)
Mohit Mandiratta, Non-executive Director (MMA)
Martina Morris, Chief Nurse (MM)
Sir David Nicholson (SDN) **Chair**
Vij Randeniya, Non-executive Director (VR)
Kat Rose, Chief Integration Officer (KR)
Adam Thomas, Group Chief Strategy & Digital Officer (AT)
Diane Wake, Chief Executive Officer (DW)
Chris Walker, Interim Director of Finance (CW)
Lowell Williams, Non-executive Director (LW)

In Attendance:

Ismail Ahmed, ED Consultant [for item 7.5]
Phil Atkins, Directorate Manager [for item 7.5]
Helen Attwood, Directorate Manager (Minutes) (HA)
Helen Board, Board Secretary (HB)
April Burrows, Freedom to Speak up Guardian (AB) [for item 8.4t]
Hannah Jones [for Liz Abbiss]
P Massey (PM) [for the Update on the Wellbeing Journey]
Claire McDiarmid, Director of Midwifery (CM) [for item 7.3]
Amir Shah, ED Consultant [for item 7.5]

Apologies

Liz Abbiss, Director of Communications (LA)
Ita O'Donovan, Associate Non-executive Director (IOD)
Anne-Maria Newham, Non-executive Director (AMN)

Governors and Members of the Public and External attendees

Nadi Shalembe, Foundation Trust Member

25/30 Note of Apologies and Welcome

The Chair welcomed all to the meeting. Apologies were noted as listed above.

The Chair welcomed James Fleet, Rachel Barlow, and Mick Laverty to their first Board meeting.

25/31 Staff and Patient Story – Maternity Bereavement ‘Rainbow’ Patient Experience

The meeting was joined by Claire MacDiarmid, Director of Midwifery, Holly Haden, Bereavement Midwife and a mother and baby who presented her Patient Story.

The presentation shared the mother’s story and experience of the Rainbow Service.

The Chair commented on the importance of the Board to hear the story directly and thanked the mother for sharing her painful story. The Board acknowledged the wonderful work of the Bereavement Midwife and her team.

In response to a question from LW about how HH undertook her role, she explained the depth of support she provided and the importance of expanding the service.

JHo acknowledged the work with parents at the most difficult time.

MMA shared his own personal experience and the difference the service made for parents.

In response to a question from the Chair about the handover of care to a tertiary unit, HH confirmed that bereavement services were a small network across the Midlands and worked closely together for the best outcome for patients. CM added that there was a variation in service with a focus on ensuring the provision of personalised care to fit the needs of families.

JHa asked how the team maintained their personal resilience. HH confirmed that the team have a strong relationship and excellent management support. There was good support from the Chaplaincy Team. There was good use of Charitable Fund monies and a business case would be submitted for external support over a longer period for parents. MM commented on the additional support available for midwives via the Professional Midwifery Advocate (PMA) route.

The Chair thanked mom, HH and CM for joining the meeting and sharing their story.

It was **RESOLVED** to

- Note the patient story

25/32 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. Interests were noted for JF, AT and RB in respect of item 10.3.

25/33 Minutes of the previous meeting held on 13th March 2025

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

It was **RESOLVED** to

- approve the minutes of the last meeting

Action Sheet of 13th March 2025

All actions were complete or on the agenda.

25/34 Chief Executive’s Overview

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

- Research and innovation
- Appointment of new Group Directors
- Operational Performance
- Black Country Provider Collaborative Update
- Charity Update
- Regulation 28 – Prevention of Future Deaths (PFD) Notice

LW asked about the Regulation 28 PFD Notice. LH confirmed that it was being overseen by the Quality Committee who would monitor delivery of any actions arising.

GC asked about discharge management and the Regulation 28 PFD notice and partial Committee assurance around discharge performance. DW confirmed that in response to a number of external reviews, the Trust had taken recommendations forward. This included ensuring there was executive focus on discharge performance and improvement. KK confirmed that NHSE were also advising on discharge improvement. MM stated the importance of ensuring a consistent approach across the organisation adding that the Discharge Improvement Group reported into the Quality Committee. LW confirmed that Finance and Productivity Committee had recently reviewed a report about transport from the hospital and noted delays in getting our patients home. LH commented that it would need marginal gains to see improvement. DW added that wards had become disconnected from the discharge process and that there was too much reliance on discharge teams. Furthermore, DW acknowledged the extensive efforts by the Directors when on call, using MM as an example who spent most of the recent Bank Holiday weekend on site ensuring patient flow across the organisation, recognising this was not a sustainable model.

PF commented on his discharge from Shrewsbury Hospital and asked how the Trust managed outliers. KK confirmed that a database of patients medically optimised for discharge and escalated outliers to other Trust's at an executive level.

The Chair commented focus was paramount in the right areas.

It was **RESOLVED**

- To note the report and assurances provided

25/35 Chair's Update

Public Questions

The Chair presented the Public Questions, given as enclosure three. The question from Lance Cartwright related to Corbett Meadow and a note on behalf of the Cornett Meadow Action Group had been circulated to Board members and would be shared with the Council of Governors.

The Trust would respond directly to the Corbett Meadow Action Group. DW reiterated the Trust's requirement in relation to excess land. The Board remained committed to their requirement to dispose of excess land in line with NHS policy.

GC confirmed that engagement would occur with the Public Governors to ensure they remained well briefed.

CW confirmed that the Board made a decision in November to enter into the options agreement. JHo confirmed that there was the opportunity to deploy any monies from the sale for the greater good of our community and patients.

It was **RESOLVED**

- To note the public questions and answers provided

25/36 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, Integration and Charity. 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:

One assurance to note on the positive progress with Dudley Health Partnership and Place and thanked the Integration Committee for their work.

One alert to note in relation to staff bank usage which had increased in March 2025. Good management of bank and agency controls was important noting there and there had been minimal assurance to Audit Committee on the matter and all steps must be taken to ensure there was robust compliance with controls.

LH confirmed there were a number of issues being addressed by Quality Committee, including the Sepsis Pathway and timely observations being recorded. JHo added there was high level assurance around Sepsis outcomes and the Trust was not an outlier for its performance. Bundle delivery performance is static as a result of compliance in ED. There was no impact on outcomes and appropriate action was being taken to ensure timely observations in all areas. MM provided reassurance in relation to the focus in this area.

LH commented on the recent positive Local Maternity Neonatal System (LMNS) visit. DW asked if there had been an increase in MET calls. JHo confirmed that the number of MET calls had decreased. There was evidence that observations were being taken but not all recorded in a timely manner.

JF confirmed that the largest driver for bank usage was annual leave. There were a number of control measures now in place noting that early numbers for April showed a reduction in Bank to below plan.

JHa asked what we needed to do differently this year. JF confirmed that more robust controls would ensure better planning. LW confirmed that Finance and Productivity Committee had been assured that this would not happen again next March. LH asked how we would manage with resident doctors. JF confirmed that there would be clear guidance around the taking of leave. In response to a question from PF asked about the policy for carry forward of leave, JF stated that all would need to be taken in-year.

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

25/37 Finance Report Month 12 (March 2025) including Cost Improvement Update

CW presented the Month 12 (March 2025) Finance Report given as enclosure five. The Board noted the following key highlights:

The Trust had achieved the financial plan for 2024/25 financial year.

March performance was in line with forecast noting that Bank usage was higher than expected with leave and surge beds. There had been continued non pay overspend, offset by additional income of which some was non-recurrent.

The Elective Recovery Fund (ERF) target was achieved and £18m over NHSE plan.

Substantive pay was over plan by £6.3m. Bank would remain as a key area for 2025/26 that needed clear grip and control in place. It was noted that non pay trend related to additional activity.

The 2024/25 period was being reviewed by external audit.

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 was compared to the financial recovery plan underlying financial position of £48.0m. The current 2025/26 exit underlying financial position £36.8m. The improvement from 2024/25 was predominantly as a result of higher CIP requirements in 2025/26 compared to the financial recovery plan assumptions. Further work was ongoing within the System to finalise the 2025/26 exit underlying financial position which would be reported to Finance & Productivity Committee and onto Trust Board for the next meeting.

There was a £32m cash balance at the end of the year with the Capital control total also achieved.

The Cost Improvement Programme had delivered to plan and the excellent achievement was noted.

LW thanked everyone involved on behalf of the Finance and Productivity Committee.

LH noted the strength of Quality Impact Assessments noted at Quality Committee.

The Chair noted the strong performance and thanked all staff for their efforts, particularly CW for his work in keeping the organisation safe.

It was **RESOLVED** to

- Note the financial performance for Month 12 (March 25) and the reported Trust and System 2024/25 financial year end position

25/38 Emergency Preparedness, Resilience and Response (EPRR) Strategy

KK presented the Emergency Preparedness, Resilience and Response (EPRR) Strategy given as enclosure six. The Board noted the following key highlights:

The full Strategy was available in the reading pack. The submission has been made and the Trust continued to work to the core standards for the current year. The Board noted the robust governance process prior to submission.

VR asked about resilience and preparedness in particular around ICT and were we assured. AT added that the national stance was that cyber breaches would occur and the focus would be on recovery time should a breach occur and commented that the retail sector (that had recently experienced cyber incidents) had not had the same high level of scrutiny.

JHa added that there was learning from the Private sector and suggested raising with the internal auditors RSM.

LW added that governance now sat with the Finance and Productivity Committee. AT confirmed that a new Infrastructure Committee was being established and the cross over was being carefully managed.

It was **RESOLVED** to

- To approve the Emergency Preparedness, Resilience and Response Strategy

25/39 Annual Plan 2025/2026

AT presented the Annual Plan for 2025/2026 given as enclosure seven. The Board noted the following key highlights noting that the detail behind the plan was included in the further reading pack.

The £39m CIP target was a key element of the Plan with currently a £8.9m unidentified CIP gap; a meeting planned for later in the day to address this. LW commented that the plan gave assurance around the reducing CIP number.

AH asked about the ability to achieve the gap before submission date. DW commented that the Trust would identify the full CIP target. AT added that the Executive Team have put a huge amount of effort into learning from last year and identification of CIP. There had been strong feedback from NHSE.

LW had attended Sandwell Finance Committee and raised their ability to monitor workforce expenditure. He asked about the risk of Dudley not being able to see numbers in real time. DW confirmed that the Trust could see numbers on a weekly basis and take action on a real time basis.

The Chair asked about the Dudley system. JF confirmed that there would be a paper to the Joint Infrastructure Committee on the matter. CW added that Dudley had a system and working to enable this for substantive staff.

It was **RESOLVED** to

- Approve the Annual Plan for 2025/2026 and note the board assurances provided and statement provided to the ICB

[There was a short comfort break]

25/40 Our Patients - Deliver Right Care, in the Right Place, at the Right Time

25/40.1 Chief Nurse and Medical Director Report

MM and JHo presented the combined Chief Nurse and Medical Director Report given as enclosure eight, focusing on review of quality and safety during the challenging winter period. The Board noted the following key highlights:

The report built on themes from the Darzi Report. High level outcomes and mortality remained stable. Metrics and KPIs continued to be resilient despite earlier challenges noted. There were No Never Events experienced in the period.

There were two areas of concern around pressure ulcers and falls; performance was noted to improve through January and February 2025. Quality assurances and learning was provided in the

further reading pack. MM confirmed that actions were in place to address the issues with pressure ulcers and falls.

LW commented that falls has been raised as an issue in various Committees during the year. MM confirmed that falls was a challenge for every organisation due to their multifactorial nature and stressed the importance on focus being on preventative measures and learning from incidents. The Trust was not an outlier for its performance across the region. LH confirmed that the Quality Committee reviewed performance every month commenting that it was impossible to completely eradicate falls.

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

25/40.2. Integrated Quality and Operational Performance Report

JHo, KK and MM presented the Integrated Quality and Operational Performance Report given as enclosure nine. 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 March 2025 (February 2025 for Cancer and VTE). The Board noted that the associated data pack was included the reading room.

MM commented on the improved falls performance in February and positive position in relation to Stroke indicators.

MM provided a summary of the Safer Staffing review completed during January-February 2025, noting that overall positive staffing levels were noted in clinical areas and risks were mitigated. The report had been through a rigorous governance process, including Executive team, People Committee and Quality Committee. There were a number of clinical areas requesting an uplift in staffing levels or change of their skill mix, which following a rigorous safer staffing review process were not approved. However, two key clinical areas where this was deemed necessary to maintain quality and safety included Paediatrics ED and ward C2. These changes will be achieved within the current financial envelope. The full detailed report was enclosed in the reading room of public board.

MM confirmed that 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. The details of the review were discussed at the Quality Committee.

An update on mental health reporting and performance was included in the report. An alert was noted around some infection, prevention and control (IPC) indicators with the Trust continuing its focus on improvement and taking learning from other organisations.

Other notable assurances provided included: Achievement of the four hour performance in ED, Cancer performance overall was strong with further work to do on the 31 and 62 day performance

metrics., diagnostics was above trajectory, there had been improvement in Pathology service turnaround times and elective restoration has seen a slight deterioration in waiting list numbers.

The issues related to ambulance handover delays was noted and that there had been a helpful visit by NHSE. Work was ongoing to improve the triage position within ED majors.

In response to a question from GC about 52 week waits, KK confirmed that the Trust was 90 adrift from trajectory and teams were reviewing specialties. DW confirmed that all trusts across the Black Country had committed to eliminating all 52 week waits and were providing mutual aid.

The Board maintained a two minute silence in honour of VE Day.

GC asked for further information about dementia assessments and complaints response times. MM confirmed that the teams work to ensure timely assessments were undertaken noting that whilst some positive improvement had been seen, it would remain a focus. The Trust's Strategy had been revised to address its approach to complaints and the needs to encompass the whole patient experience. In response to GCs comment about the additional momentum needed to address overdue responses, MM confirmed that the 30-day response time was not a mandated national target and was a target that was set locally by the Trust as it was the right approach for our patients. The Quality Committee continued to monitor the position and a slow improvement had been noted.

AH offered support from Aston University for cardiac MRI and sleep lab diagnostic facilities. KK to follow up with him outside of the meeting.

The Chair asked that a complaints improvement plan be presented to the Quality Committee.

It was **RESOLVED** to

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

Actions

- the complaints response improvement plan be presented to the Quality Committee **MM**
- explore support from Aston University for cardiac MRI and sleep lab diagnostic facilities **KK**

25/40.3 Perinatal Quality Report

CM and BM presented the Perinatal Quality Report given as enclosure 10. The Board noted the following key highlights:

- Mortality data remains below national rates and note work being undertaken related to demographic of families losing babies and that 50% of these were from areas of deprivation.
- One new case referred for newborn safety investigation.
- Two new PSII reported opened and two closed.
- Two peer review visits to Perinatal Services with overarching strong feedback and the team were commended for their work.

The Maternity Incentive Scheme for Year 7 had launched and gap analysis work was underway. The regional heatmap had increased for March in relation to mortality rates.

BS updated the Board on medical staffing and issues with on call. The position had improved from April with just one Consultant not undertaking on call. There was an issue with a shortage of

Registrars noting that interviews were to take place the following day and was hopeful of making strong appointments.

The Executive Team had approved three Consultant roles with interviews scheduled for May 2025.

JHo welcomed the encouraging plan and assurance provided noting the need to address the age profile in the Consultant body.

DW commended the strong leadership within the team and the drive for continuous improvement.

CM confirmed that there were currently 14 midwife vacancies and there had been an overwhelming response following a recent recruitment process. Work was also underway to fill support worker vacancies.

JHa asked about opportunities for backfilling posts with applicants from across the Black Country. The chair suggested needing one portal for recruitment.

VR raised the heatmap and the reasons behind the good performance at Lincolnshire. CM confirmed that they had reached out to Lincolnshire to understand the reason for their performance and learning from their improvement journey.

MMA asked about the patients from areas of deprivation. CM confirmed that the Trust was reaching out into the community to investigate the barriers for our mothers and reviewing the antenatal pathways to provide individual care.

MM commented on the focus around congenital disease and there was much learning from Birmingham and Solihull in that regard.

PF welcomed the report and the excellent mortality performance. He recounted that he had recently visited the Maternity Team and raised the importance of early engagement with mothers. CM confirmed that early pregnancy services were overseen by Gynae services with whom they had a close working relationship and acknowledged there was to do. HH was also working to build effective collaboration between Gynaecology and Maternity.

BM confirmed there was a need for a seamless pathway for patients. JHo confirmed that a pathway review has been commissioned.

The Chair recognised the excellent work demonstrated in the report.

It was **RESOLVED** to

- Note the report for assurance

25/40.4 Winter Plan 2024/2025 Debrief

KK presented the Winter Plan 2024/2025 Debrief report given as enclosure 11. The Board noted the following key highlights:

The Trust had adopted a Community First ethos. The Winter Plan did not keep activity within its bed base. Modelling has been redressed around non elective pathways.

The Acute Virtual Ward continued to be a huge success. There was underperformance related to admissions avoidance and work was underway with the clinical hub to develop more robust provision.

The Frailty Virtual Ward failed due to issues with long term sickness and noted that work was ongoing with the Frailty team.

The establishment of the Rowley Regis Stroke Rehab Unit was a success and noted that the Trust had been commended for the pathway.

Lessons learned included: not to deviate from plan, involve ICB partners at a point in the process of modelling and noted that all plans to be agreed by August for Winter 25/26.

Super surge capacity needed to be available not via SDEC and noted the improvement required to clinical engagement that should have a real focus on quality impact for patients and staff.

MMA welcomed the paper and learning. He asked about the Community Hub model plan and the impact from MMUH. KK commented the Community Hub was not modelled effectively and we were working with Sandwell, Community partners and Place to ensure learning was applied for the 2025/26 plan adding that we now knew what to expect in relation to the impact of MMUH and it would be included in the model.

RB commented on the SWB bed model and helping with length of stay. KK confirmed that work has already commenced.

LW wanted to understand how the Trust would achieve the additional capacity and the time it would take to improve clinical engagement and whether plans had been built into financial modelling. KK stated that the Trust should not require additional capacity and the focus was in providing adequate community services to keep patients at home.

CW confirmed that the money was not available in the financial plan to the required level. AT commented on how MMUH had achieved flow and reduced bed occupancy.

It was **RESOLVED** to

- Note the learning and actions from the 2024/25 Winter Plan as assurance

25/40.5 ED Majors Triage – Improvement Plan

Members from the Medical Division joined the Board to present the ED Majors Triage Improvement Plan. The Board noted the following key highlights:

- Triage Overview
- Monthly Summary
- Ambulance Triage Compliance
- See and Treat Improvements
- Majors Triage Deficient Performance
- Improvement Steps
- National Triage Tool
- Timeline for Implementation
- Impact on Ambulance Breaches

The Chair commented that the NHSE report showed that the issue was with triage and resolving it would resolve handover and flow. KK confirmed that there were a number of interdependencies. IA outlined the flow of ambulances into the Department and actions undertaken to maintain flow. Triage should not be used as a detailed assessment. The active and nursing clinical input at the front door would have an immediate effect on the time taken to undertake triage. SDEC pathways were in place for offloading patients.

GC asked for clarity around numbers. The Trust relied on streaming by Malling Health and this had not always been undertaken effectively. AI described the streaming process for majors and UCC areas noting the need for a collaborative system with Malling Health.

LH described the approach in London and the improvement experienced.

The Chair thanked the team for their improvement plan and trajectory. He commented that this had been an issue for Dudley for a long time and there was a hope that the plan would improve the position. He requested a report to the next board that sets out how the flow issue would be resolved.

It was **RESOLVED** to

- Note the ED Majors Triage Improvement Plan

Action report to the next Board that sets out how the flow issue will be resolved. **KK**

25/41 Our People - Be a Brilliant Place to Work and Thrive

25/41.1 Workforce KPIs

JF presented the Workforce KPI Report given as enclosure 12 for noting.

It was **RESOLVED** to

- Note the Workforce KPI Report

25/41.2 Performance Against Workforce Forecast

JF presented the Performance against Workforce Forecast report given as enclosure 13 and highlighted the following:

The report set out the final position which was 7.6% over plan. A reduction had been seen in month 12 of substantive staff but over deployment of Bank staff. Lessons learnt have been put into practice for the 2025/26 plan. Month one for the current year shows performance was just under plan. There was weekly oversight by the Executive and monthly check and challenge meetings to ensure oversight.

LW asked if reductions were in the right place. JF confirmed that that the Trust was 31 below for substantive, 29 for bank and up six for agency. CW welcomed the bank reduction and attributed the improvement in substantive as a result of the vacancy freeze.

JHo asked if there were any risks from the reduction. JF confirmed that this was examined during the check and challenge meetings. AT confirmed that the weekly vacancy panel review and noted that with substantive and bank there was a real grip around safety.

The Chair asked about the granular nature of the plan. AT and JF confirmed that it showed movement on a detailed level. Trajectory was also monitored by Divisions. CH commented that quarterly monitoring would be important and that performance was overseen by the People Committee.

It was **RESOLVED** to

- Receive the report for assurance

25/41.3 Update on the Wellbeing Journey

P Massey joined the meeting and presented the update on the Wellbeing Journey given as enclosure fourteen. The Board noted the following key highlights:

- Challenges
- Staff Survey High Level Results
- Wellbeing Vision
- Future Plans
- Feedback from Staff

The Chair thanked PM for her presentation.

GC welcomed the work and commented on actions around the role of individuals and managers to listen and respond. PM commented that responsibilities would be reviewed at the end of the Wellbeing Journey and develop the new Strategy moving forward. KR added that it linked with the learning and development programme.

JF confirmed that wellbeing conversations were a part of the appraisal process. He added that PM was shortly going on Maternity Leave and the Trust was working to align the Sandwell and Dudley Wellbeing offerings.

The Chair noted the strongly embedded wellbeing culture within the organisation and thanked PM for her work.

It was **RESOLVED** to

- Note the Wellbeing Journey update

25/41.4 Freedom to Speak up Guardian Report

AB presented the Freedom to Speak Up Guardian Report given as enclosure 15. The Board noted the following key highlights:

There were 36 trained Champions across the Trust across all locations and with a diverse background. Further training days were to take place in July and October. There had been 38 concerns raised in quarter 4 of which 25% of concerns raised opted to be anonymous. Forty four per cent of concerns related to worker safety and wellbeing with 32% relating to attitudes and

behaviours. Issues include parking, recruitment, staffing, lack of training and attitude of managers. Where team issues have been raised they had been addressed via the use of listening events. Concerns are not closed until the staff member confirms that are happy with outcomes. The Community with Core Clinical Services Division (CCCS) had the highest number of divisional concerns raised. The team would continue to focus on awareness and undertaking drop in's within the front door areas and further engage with medical workforce teams. There was a dashboard of data that was presented to the Freedom to Speak up Steering Group Steering Group. Updates from the National Guardians Office were included in the appendices.

AB noted she was producing a presentation for staff and managers on how to address Freedom to Speak Up concerns.

A Black Country Leadership Event was being held at Himley Hall on 22nd June 2025.

PF asked if the number of issues raised within CCCS Division reflected that staff were encouraged and felt safe to speak up. AB confirmed that she had built strong links with community teams and has been collaborating closely with teams in diagnostics to build relationships. AB was also working closely with Sandwell Trust colleagues. An electronic form has been established for raising concerns anonymously.

PF asked about the opportunity to address and feedback concerns. AB replied that she fed back directly and raised with Divisional Teams as needed. PF added that it would be helpful for the Board to see the data included in the Board report.

The Chair commented that Freedom to Speak Up was critically important for all staff and on behalf of the Board, thanked AB for her work.

It was **RESOLVED** to

- Note the Freedom to Speak Up Guardian Report

25/42 Our Place – Build Innovative Partnerships to Improve the Health of our Communities

25/42.1 Dudley Health and Care Partnership Update

KR presented the Dudley Health and Care Partnership Update Report given as enclosure 16 for information.

It was **RESOLVED** to

- Note the update

25/43 Governance

25/43.1 Strategy & Annual Plan Progress Report – Q4 2024/25

AT presented the Strategy and Annual Plan Progress Report for Quarter 4 given as enclosure 17 for information.

It was **RESOLVED** to

- To note the Strategy progress report for Q4 2024/25

25/43.2 Board Assurance Framework

HB presented the Board Assurance Framework (BAF) given as enclosure 18 noting changes to the residual score for BAF 1.1 and BAF 7 and that refresh work was well underway.

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 2024/25.

25/43.3 Remuneration and Nominations Joint Working Committee

VR presented the Remuneration and Nominations Joint Working Committee Report given as enclosure 19 for noting.

It was **RESOLVED** to

- Note the Committee report for assurance

25/44 Any other Business

25/44.1 Delegation to Audit Committee for Approval of Annual Report and Accounts

CW requested delegation to the Audit Committee for the approval of the Trust's Annual Report and Accounts.

It was **RESOLVED** to

- Approve the delegation of authority to the Audit Committee for the Trust Annual Report and Accounts

There was no other business raised.

25/45 Date of next Board of Directors Meeting

The next meeting would be held on Thursday 10th July 2025.

25/46 Meeting Close

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

.....
Sir David Nicholson

Chair

Date: at the next meeting

Enclosure 1b

Action Sheet

Board of Directors Held 8th May 2025

PUBLIC SESSION

Item No	Subject	Action	Responsible	Due Date	Comments
25/40.2	Integrated Quality and Operational Performance Report	The complaints response improvement plan be presented to the Quality Committee	MM	July 2025	Agenda item, June Committee Board meeting Complete
25/40.2	Integrated Quality and Operational Performance Report	Explore support from Aston University for cardiac MRI and sleep lab diagnostic facilities	KK		
25/40.5	ED Majors Triage – Improvement Plan	Report to the next Board that sets out how the flow issue will be resolved	KK	July 2025	Agenda item, July Board meeting Complete

Paper for submission to the Public Board of Directors on 10 July 2025

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

1. Summary of key issues
Assure
Advise

- Operational Performance
- Black Country Provider Collaborative
- Chief Nursing Officer's Strategic Advisory Group
- National Frailty Collaborative
- Fit for the Future: 10 year Health Plan for England
- Publication of NHS Oversight Framework
- Integrated Care Board clustering
- Proposed future Department of Health and Social Care (DHSC) senior structure
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

Alert

None

2. Alignment to our Vision

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

3. Report journey

Board of Directors

4. Recommendation

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		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

CHIEF EXECUTIVE'S REPORT – PUBLIC BOARD – 10 JULY 2025

Operational Performance

Emergency Performance: In May ED 4-hour performance was at 79.11% vs the national target of 78%.

ED Triage: May's Overall Triage position is 81.32% 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 10,129 attendances. This has increased when compared to the previous month of April with 9,541. 21 out of the 31 days saw >350 patients.

3,088 patients arrived by ambulance; this shows a decrease from the 3,122 ambulances that attended last month. 356 of these offloads took <1hr (12%). This is a decrease in our performance when compared with last month's performance of 16%.

Cancer (Data to March): 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 revised March 2026 targets for 28-day FDS and 62-day are 80% and 75% respectively. 28 day Faster Diagnostic Standard (FDS), 31 Day combined, and 62 Day combined national targets all achieved in April.

The 28 day Faster Diagnostic Standard (FDS) achieved 84.6% against constitutional standard of 80%, 31 Day combined achieved 96.6% against national target of 96% and 62 Day combined achieved 76.4% and remains above national target of 75%.

DM01: May DM01 performance achieved 84.1%. Target is to report zero 13-week breaches and 95% of patients to be seen within 6 weeks. Diagnostic activity plan for 2025//26 submitted to ICB and NHSE for monitoring.

Black Country Provider Collaborative

The following are the key messages from the 2nd June 2025 Black Country Provider Collaborative (BCPC) Executive meeting.

A. GENERAL

- **Updates from the BC ICB** – BC ICB Board has received the output of an options appraisal for future clustering arrangements and supported the proposal to cluster with neighbours BSOL. This still requires national approval, with a formal merger unlikely to be anytime before April 2027. In parallel, discussions on possible delegations are likely to commence shortly and key operational services may transition as soon as possible.
- **Updates from NHS West Midlands** – A full list of existing subsidiary information (across the BC) has been requested and will be shared when available. Revised guidance on "Wholly owned Subsidiaries" has been developed and subject to feedback from key stakeholders it is hoped that this will be published imminently. Timelines for the publication of shared leadership and governance guidance remains unknown.

B. IMPROVEMENT

- 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.

- Positive strides continue to be made with a more detailed timeline of actions to be presented in the BCPC Managing Directors quarterly highlight report next month.
- **Clinical Service Transformation** – The BCPC Managing Director and CMO provided an overview of progress against key priorities which included:
 - **BC Elective Hub** – Capital secured (in principle), the South Group Strategy Officer continues to drive the development of the business case alongside a “programme of works” return to NHSE. In parallel the new SWB COO (and SRO) is driving the mobilisation efforts working with estates colleagues and the two operational teams. HOSCs have been engaged, and a public Involvement exercise will commence shortly.
 - **Breast DIEP Reconstruction** – Following engagement earlier in the year, a draft business case has been developed and shared widely for engagement. Comments to be received by mid-June and a final draft to be presented to the next Collaborative Executive for support and endorsement, prior to approval from JPC.
 - **Vascular services** – a positive engagement event was held in May involving all key stakeholders – DGFT, SWBT and UHB. A briefing paper will now be taken through the two South Executive teams, with a ‘Task & Finish’ group to be established, and a Vascular Services plan to be developed for consideration by late summer.
 - **North Group** – the Group Strategy Officer continues to work with the BCPC CMO (and other colleagues) to develop a robust timeline of deliverables, with a focus on the BC Elective Hub (North), routine General Surgery activity & BC Bariatrics service at WHCT, and the expansion of the Bladder Cancer activity.
 - **System Transformation** – Engagement work will re-commence on Breast Unit consolidation to enhance the current socialisation between colleagues at the north so that is on a par with that at the south of the Black Country.
 The Pharmacy Aseptic feasibility study progresses at pace with a well-attended first workshop resulting in a robust baselines assessment. It is anticipated that this work will result in a report for review, support and progression in late summer.
 Early work has also commenced in reviewing the plans to establish a robust gynaecology service, with baselines work underway, and a workshop planned for mid-July.
 Finally, work has re-commenced in drafting the Urological Cancer business case with a view to taking through due governance processes in the summer.
 - **CNO update** – The BCPC CNO provided a brief update on key activities. The “Workforce Alignment” programme is making good progress on aligning their safe staffing policies (as and when current policies are due for updating), a focus on aligning nursing JDs at Band 4/5, and 3 of the 4 partner Trusts have now moved to the bottom of the bank rate with SWB moving to this position on the 1st September 2025.
 BCPC CNO and Managing Director met with the BC ICB Chief Nurse to discuss the possibility of delegating the LMNS to the BCPC. Given the uncertainty on future ICB arrangements and national guidance yet to be received this has been deferred for now with further discussions planned for late July.
 The BCPC CNO is also working with the BCPC Clinical Lead for Critical Care on a concern around nurse staffing levels that had been received. This is not uniform across all partner NHS Trusts, and the CNO’s are working in tandem to provide a position statement for the Critical Care Network shortly.
 - **Community First ‘Delivery Partner’** – The BCPC had received an output report following some free consultancy work undertaken by an external partner on the possible scale of efficiency and productivity savings that may be available across the system.
 This was recently presented to JPC and given the level of proposed contingency fee being sought by the external partner in addition to reservations about the return on investment, the Community First “Delivery Partner” work has been stood down.

CEO's have been asked to review and consider alternative opportunities which may be localised (in which case pursue internally) or if at scale to present a plan for consideration by the BCPC and subsequently JPC.

C. 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.
- In short there are now three parallel phases to this work which are:
 - **Phase 1A** – local partner Trust pursuit of the “corporate services – cost reduction target” set nationally. This will be routinely managed at the Trust/Group level.
 - **Phase 1B** – In parallel, and through the CST Programme Board, pursuit in the consolidation of a small set of corporate services which would enable ‘proof of concept’, in addition to delivering enabling priorities.
 - **Phase 2** – Building on the output of Phases 1A and 1B, to consider a forward programme for 26/27 across the remaining key corporate services areas.

A more concise update is provided from the summary notes of the CST Programme Board, which was scheduled (and held) on Monday 16th June 2025 (see below – section E).

D. 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. This is due to commence in mid-June for a period of 6-8 weeks across two parallel parts – part 1 will focus on the Elective Hub (South), with part 2 focusing on the wider concept of elective care transformation.
Work continues on the development of the BCPC Annual report, which should be available shortly, and active contribution in the development of key system business cases.
- **Medical Bank Rate Harmonisation** – The task group led by the BCPC CMO is making positive progress and has been provided a target of concluding with an aligned rate for the system by the 1st August 2025.

The following are the key messages from the **16th June 2025** Corporate Services Transformation Programme Board.

E. KEY MESSAGES

- **Scope & Delivery Approach:** following the approval of recommendations at JPC held 16th May 2025, the Corporate Services Transformation Programme has established three distinct but integrated delivery phases. The programme is finalising a simple, one-page summary overview to provide ‘*clarity at a glance*’ of the key elements of the programme to support understanding and drive alignment to the scope and scale of ambition for this work. The importance of both digital and communication and engagement as enabling workstreams of effective delivery phases was reinforced. The key delivery phases are:
 - **Phase 1A** - recognises ownership of the delivery of the NHSE corporate cost reduction target with Trusts, with the timescale for delivery would be over the course of 2025/26, which creates the foundation from which further opportunity at scale can be pursued.
 - **Phase 1B** – running in parallel to Phase 1A, the programme continues to develop the Legal Framework to implement the agreed strategic vehicle of a managed shared service and working with programme board has identified early adopters for transition to this model as proof of concept. These are: Collaborative Bank, Recruitment, Communications and Research & Development. This, in parallel to a review of potential digital investment requirements, will be delivered over the course of 2025/26.

- **Phase 2** - and finally, building on the Phase 1A foundation, to consolidate further across the remaining in-scope functions to deliver further opportunity at scale through the transition to a managed shared service model. The timescale for progressing and delivering Phase 2 is likely to commence from the latter part of 2025/26.
- **Critical Path:** the programme board received an overview of the draft critical path summary which is in development to identify key deliverables and decision points, month on month, for each of three delivery phases. This will be evolved further to reflect decisions taken as part of the meeting's agenda and will be underpinned by a detailed implementation plan with defined milestones to drive effective day to day management of programme activities.
- **Digital Assessment:** both early internal engagement and recent independent external analysis identifies digitisation and automation as key enablers for transformative benefit realisation. As part of Phase 1B activity, JPC has endorsed the need to assess the current digital landscape of the in-scope corporate services across the four provider trusts and our partner trust, in order to identify opportunities to standardise and optimise functionality and could be used to inform any future digital investment business case. A draft specification for this work has been developed, and programme board confirmed their approval to engage inhouse digital expertise to lead and undertake this assessment.
- **Robotic Process Automation:** the programme has continued to support participation in the 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. All five trusts in scope of the programme have now confirmed their pilot RPA processes and are progressing with onboarding activities with the national team. Early estimations suggest a promising potential benefit value of circa £170K with further detailed analysis to be undertaken.
- **Legal Framework:** the programme board received an update regarding the work commissioned from an external Legal partner to develop a 'Legal Framework' for the establishment of a managed shared service. A draft framework has been received and is under review. Further consideration of national guidance relating to wholly owned subsidiaries is being considered against the contractual joint venture approach which was initially considered.

Chief Nursing Officer's Strategic Advisory Group

Following an expression of interest, our Chief Nurse, Martina Morris has been successful in becoming a member of the Chief Nursing Officer's Strategic Advisory Group (CNO SAG). This is a new Group and will be used to help shape national nursing and midwifery policy. Martina's understanding of local delivery within the broader system context will complement the Groups collective professional experience and insight in offering both strategic and operational guidance to Chief Nursing Officers and senior nursing leaders.

National Frailty Collaborative

On 13th June 2025 the Black Country ICB was successful in being selected to be one of seven systems to join the National Frailty Collaborative following the submission of an expression of interest. Building on existing regionally supported system improvement in frailty, the national team are looking to work with one system in each region to join a programme of improvement work, which is one of two improvement collaboratives prioritised by NHSE this year.

The seven selected systems will work with the national frailty project team, local partner organisations and their place-based frailty services, to further develop and scale their frailty offer to achieve measurable impact on performance and outcomes. The national frailty project team are working closely with the national team working on Neighbourhood Health implementation to ensure

alignment. The selected 7 systems will work with the national frailty project team and regional frailty leads to determine:

1. What a standardised place-based offer for achieving this shift includes and best practice associated with these components
- 1a. The relative prioritisation of different components of this offer and the potential impact, and over what time-period
2. How to create and train a networked frailty team across providers, at place level and which workforce models are successful
3. What digital, tech, workforce, estates, contracting/commissioning/ funding flows and governance arrangements required to achieve success
4. How to ensure coordinated and integrated delivery of care across place
5. How to consistently measure performance and drive improvement of this agenda
6. Strategy for scaling up success across England to inform future planning guidance

The participating 7 systems will have access to:

- The opportunity to learn from the other systems selected
- Support from NHS England (regional and national teams) to scale their work across multiple places
- Access to analytical expertise to support consistent data capture, modelling and impact evaluation
- Access to additional leadership development, including clinical leadership support
- Access to additional quality improvement support to utilise NHS Impact methodology.

Fit for the Future: 10 year Health Plan for England

On Thursday 3rd July, NHS England published the [10 Year Health Plan for England: fit for the future - GOV.UK](#) representing a broader reset of the NHS that focuses on delivery of care closer to home

We will work closely with them over the summer to align all of these priorities to support and agree a collective delivery approach for Fit for the Future – focusing on those elements of the plan that will have the most immediate impact on our staff and patients, while looking ahead at the more medium and long-term changes we need to make. *Copy of letter from Dr Penny Dash and Sir Jim Mackey on the 10 Year Health Plan for England in the reading room.*

Publication of NHS Oversight Framework

In June 2025, NHS England published the NHS Oversight Framework 2025/26 (*copy of document in reading room*). The 1-year framework sets out how NHS England will assess providers and ICBs, alongside a range of agreed metrics, promoting improvement while helping them to identify quickly where organisations need support.

The framework will be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

The framework is supported by a focused set of national priorities, including those set out in the planning guidance for 2025/26, aiming to strengthen local autonomy.

Integrated Care Board clustering

We are advised that both the NHS England executive team and ministers in the Department of Health and Social Care have approved the plan submitted by the Black Country Integrated Care Board to move to a cluster arrangement between Birmingham and Solihull and Black Country

ICBs. The plans will continue to develop at pace to become a clustered leadership team, aligning the strategic commissioning functions while reducing running costs and simplifying how we work.

Proposed future Department of Health and Social Care (DHSC) senior structure

A proposed future structure (see appendix 1) was shared earlier in the month setting out the new arrangements that will be introduced over the next few months, in preparation for NHS England being formally abolished in coming years.

There will be 13 director generals, plus five “national priority programme” leads, and seven regional directors. Several will report jointly to the DHSC permanent secretary, Samantha Jones, and to the NHS chief executive, Jim Mackey, who will take on the status of a permanent secretary in the department.

Charity Update

Charity Dragon Boat Race

The organisation had three NHS teams who battled it out at the highly anticipated Dragon Boat Race held in June at Himley Hall and Park. It was fiercely competitive event with a series of intense heats to decide who would make the final six places.

The race attracted 34 boats of rowers from across the Black Country and all our boats did brilliantly and thoroughly enjoyed themselves throughout the day. With pure grit, and determination our Anaesthetics team (Row-crew-ronium) gallantly rowed into third place, congratulations team! Our other teams, Black Pearl and Will it float also gave excellent performances and showed teamwork throughout the day.

It was a brilliant day for all, attracting large crowds of spectators who cheered on their favourite teams. The event also featured a community celebration with food stalls, music, and various family-friendly activities including our very own charity stall.

The event was made possible through the support and organisation of the Rotary Club of Wolverhampton. Also thank you to our key sponsors BBraun, Tax accountant, Isla Health, Sense Medical and Ventu Motors!

Thank you to all our rowers who have fundraised for the Dudley Group NHS Charity, our fundraising total raised so far is just over £7,000.

Charity Fun Day

The charity fun day took place on Saturday 14th of June at DK Rugby Club, the event was for the whole family which included a fun fair, inflatables, stalls and much more! The fun day had over 200 people attend, and it raised an amazing £1,700 for the Dudley Group NHS Charity Children's Appeal which supports children and young people across the Trust, the event had also been sponsored by local telecommunications company Brsk.

Glitter Ball

The Dudley Group NHS Charity annual Glitter Ball is returning for a fifth year on Thursday 25th September 2025 at the Copthorne Hotel in Dudley!

The business gala dinner brings together local businesses in a networking and fundraising event and this year all vital funds raised will be going to the charity's cancer appeal, which supports patients and their loved ones living with a cancer diagnosis at Russells Hall Hospital and our community services.

We have some exciting table packages, sponsorship opportunities and individual tickets available, we would appreciate any contacts you may have, please get in touch with the fundraising team on dqft.fundraising@nhs.net

Maternity Multi-Purpose Refurbishment

Families who suffer the heartbreak of losing a baby at birth or a complicated birth can now spend time together in a homely, private space thanks to donations the Dudley Group NHS Charity's Baby Bereavement Appeal. The maternity department's new multi-purpose room at Russells Hall Hospital is a specialised room to provide a safe space for women and their families. The room is sound proofed for privacy, it features calming visuals to provide a home away from home feel. The room includes comfortable seating, a fridge, cabinets and softer furnishings.

From 2021 to 2023 the charity received an incredible amount of donations from fundraisers, families, staff members, and local community groups such as the rotary club which all contributed to the upgrade of the room. The multi-use room was officially opened on June 5 by Karen Kelly and the maternity team were joined by Dudley College, previous fundraisers and the Mayor and Mayoress of Dudley. All those that attended were able to meet the staff and view the finished room.

ShareGift

The charity recently received a £10,000 unrestricted grant from ShareGift a share donation charity, which provides a charitable solution to the business problem of small shareholdings. Since the charity was set up in 1996, over £50million has been donated to almost 4,000 charities.

Healthcare Heroes



James Perks

Our individual award goes to James Perks. James was nominated for the award by a colleague who said he consistently goes out of his way to help and support colleagues and that he never hesitates to step in when someone needs a hand, even when it means taking on more work himself. Whether he's guiding others, solving tough problems, or simply being a steady and supportive presence - his team know they can count on him. The nomination also mentioned the pivotal role he has played in supporting data analysis across the Band 2/3 work and across the operational / workforce planning. His input not only improved decision-making but also helped to streamline processes that directly impact patient care and staff deployment.



Matt, Chloe and Natalie – Complex Discharge Team

A huge congratulations to Matthew, Chloe and Natalie from the Complex Discharge team

The three of them were nominated by a colleague who wanted to recognise how amazing they were during the Super Multi Agency Discharge event recently at Russells Hall Hospital.

Natalie was described as working with unwavering determination to overcome barriers, a high attention to detail and a proactive approach to ensure that no patient was left behind.

Chloe was described as playing a pivotal role in leading the team during the Super MADE event, by tackling high-risk cases head-on to ensure that medically fit patients were not delayed in leaving hospital.

Matthew was described as a key clinical lead during the Super MADE event, ensuring that patients were not just discharged quickly but also safely, reducing the risk of readmission and ensuring continuity of care.



Neurology Medical Secretaries

The team were nominated for the award by a colleague for the support they have provided. They have welcomed new team members— both new to the Trust and to neurology— into the team with open arms and big smiles. They didn't just help them settle in; they all made sure they had everything needed to launch the brand-new nurse-led epilepsy service. Even while under significant pressure, they went above and beyond: hunting down stationery, sorting out IT issues and even finding other people desks on your own time. They also chased up clinic space, prioritised urgent letters and ensured that patients got seamless, responsive care no matter what. They have been described as approachable, kind, dynamic, always ready to help and that no task is ever too much!

Patient Feedback (Laura/Hannah)

Own Bed Instead - Found that we could trust them and talk about how we have felt. Very professional but very approachable.

C2 (Children's) - I want to express my appreciation for the care and compassion you showed. You went above and beyond.

Anaesthetics - Everybody was most helpful and the people I saw were very professional and answered all the questions I had.

Pulmonary Rehabilitation Team - A good chance to exercise that can be tailored to meet your needs. The exercises certainly improved my muscle strength and improved my breathing.

Learning Disabilities Team - My gratitude for their professionalism and warmth. I am not sure that people like you working in such a demanding, high-pressure profession, always get the respect and thanks that is merited.

Community Musculoskeletal Assessment & Physiotherapy service (CMAPS) - Excellent service. I was treated with politeness and the staff were very helpful.

Daycase Unit, Corbett - The level of care was professional and excellently delivered by caring staff, thank you!

Ward B3 - From consultant to cleaners they were professional, friendly and happy to help. All staff were kind, patient and supportive.

Awards



Towards Excellence Accreditation

Congratulations to Chris Walker and the finance team who have been awarded Towards Excellence Accreditation, at level 1, from the NHS Finance Leadership Council.

The One NHS Finance Towards Excellence Accreditation process is designed to allow the Finance Leadership Council to give due recognition to organisations that have the very best finance skills development culture and practices in place.



We Love Carers Awards 2025

As part of Carers Week 2025, local charity We Love Carers held its annual awards on 13 June, recognising the outstanding contributions of unpaid carers and the professionals who support them. We are incredibly proud to announce that two of our colleagues were honoured for their exceptional dedication and impact.

Allison Stuchfield, our Children's Continuing Care Nurse Assessor - Place, was announced as the winner of the Professional Above and Beyond Award which recognised Allison for consistently going the extra mile in her work with families and children. Described as "very supportive" with a strong reputation among the families she serves, Allison's commitment to making a tangible difference shines through in everything she does.

Her approach embodies compassion and professionalism, and this award is a testament to the lasting impact she has on the lives of those she supports.

Kellie, Divisional Chief Nurse – Place, was awarded the prestigious Alfie Johnson Award for her work in services for

children, specifically for her dedication to carers and their families. Kellie's work in the Dudley borough has led to real changes — from influencing policy to ensuring families' voices are heard and respected.

Kellie's advocacy and drive for improvement make a profound difference, and this award recognises her unwavering support for local families.

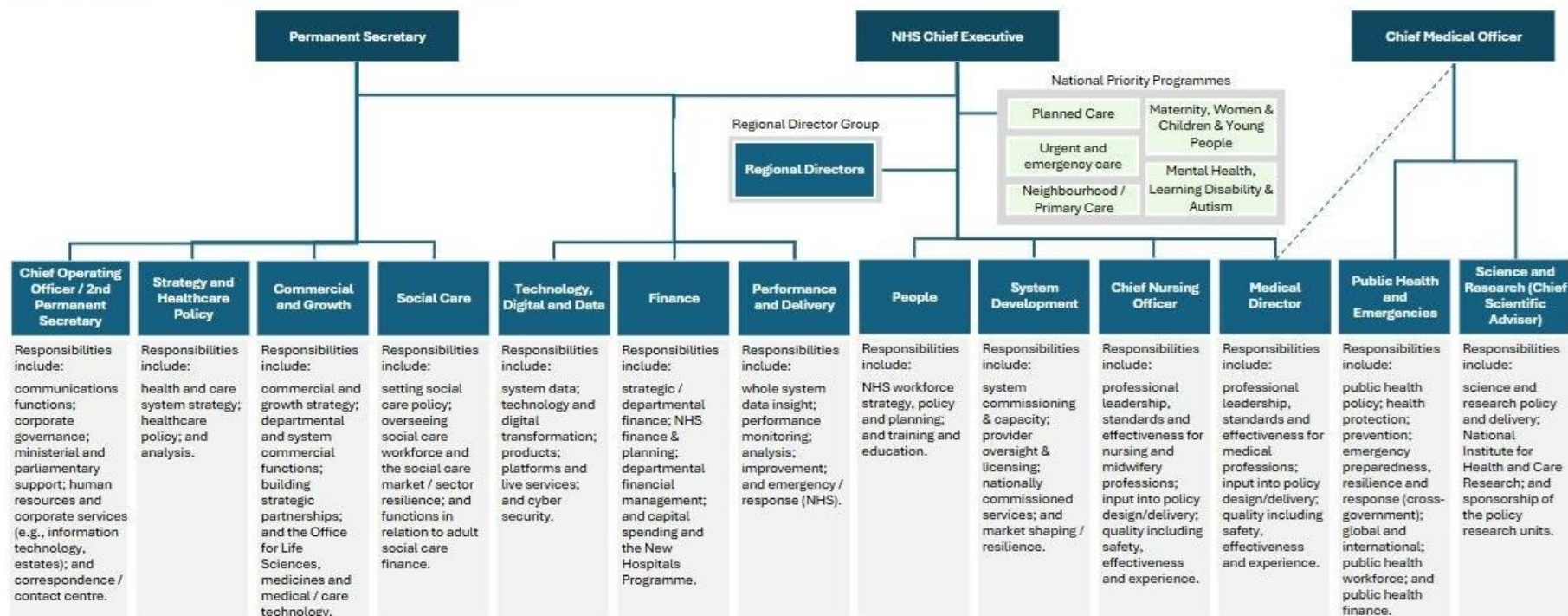
Congratulations Allison and Kellie on this well-deserved recognition and for representing the very best of our Trust. Their work not only uplifts the families they support but also inspires us all to continue striving for excellence, compassion, and meaningful change.

Visits and Events

1 May	Black Country ICB Board Development
2 May	Finance and Performance Committee – Sandwell & West Birmingham
2 May	Local MPs visit to Midland Metropolitan University Hospital
7 May	Black Country – Regional Performance Tier Call
7 May	NHSE Agency Price Cap Oversight Group
16 May	Birmingham & Solihull Chief Executive's Time Out Session
16 May	Black Country Provider Collaborative Joint Provider Committee
19 May	Audit Committee – Dudley Group
19 May	Black Country Integrated Care System Cancer Board
20 May	Black Country System Chief Executives Meeting
21 May	NHSE Regional Director Update Briefing
21 May	Black Country – Regional Performance Tier Call
21 May	Audit Committee – Sandwell & West Birmingham
22 May	Midland Metropolitan Learning Campus Topping Out Ceremony
23 May	Birmingham and Solihull System Chief Executive's meeting
23 May	Midland Metropolitan - Staff Meet and Greet
28 May	Russells Hall - Staff Meet and Greet
28 May	Black Country Elective and Diagnostic Strategic Board
29 May	Finance and Productivity Committee – Dudley Group
29 May	Black Country Integrated Care Board
30 May	Finance and Productivity Committee – Sandwell & West Birmingham
30 May	Joint Infrastructure Committee – Dudley Group/Sandwell & West Birm
2 June	Black Country Provider Collaborative Executive
3 June	Midlands NHS Leadership meeting
4 June	NHS Providers visit to Midland Metropolitan
4 June	NHSE/ICB Dudley Group Oversight and Assurance Meeting
16 June	Integrated Cancer System Cancer Board
16 June	Black Country Corporate Services Transformation Programme Board
18 June	Mayor visit to Midlands Metropolitan
18 June	Audit Committee – Sandwell & West Birmingham
18 June	Black Country – Regional Tier Call
18 June	Aston University Charter Dinner
19 June	Council of Governors – Dudley Group
23 June	Audit Committee – Dudley Group
23 June	Black Country System Chief Executive's meeting
25 June	NHSE Regional Director Update Briefing
25 June	Remuneration Committee – Dudley Group

25 June	Black Country Elective and Diagnostic Strategic Board
26 June	Finance and Productivity Committee – The Dudley Group
26 June	Health and Life Sciences Advisory Board

Proposed future DHSC senior structure



Regional Teams:

Responsibilities include: providing leadership and capability to support local health and care system delivery; and supporting systems in managing specific local issues.

Notes

- Details of where functions and teams sit – including between national, regional and outside of the centre – will be confirmed over the coming months.
- All those in the Executive will have 'dotted lines' to the Permanent Secretary, NHS Chief Executive and the Chief Medical Officer.
- Accountable for their individual programmes, the National Priority Programme Leads will work with and through Director General groups to ensure delivery is coordinated across the organisation. Neighbourhood / Primary Care lead will dually report to the Permanent Secretary & NHS Chief Executive.
- Further detail of how quality will be shared between Chief Nursing Officer and Medical Director to be confirmed.
- Additional clinical / professional leadership roles will be determined as part of detailed design work.

Paper for submission to the Board of Directors on 10th July 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 May and June 2025.

The committee chairs quadrant upward reports from – Audit, Finance & Productivity, Quality, People, 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 considered and assigned substantial assurance rating to the annual compliance report of declaration of gifts, hospitality and interests and the board assurance framework'

The Audit Committee:

- received and approved the Trust Annual Accounts 2024/25 that were found to be compliant, accurate, and supported by appropriate judgements and disclosures.
- Acting under delegated authority from the Board of Directors, the Audit Committee approved the Trust Annual Report 2024/25 and noted that the Auditor had issued an '*unqualified opinion*' on the Trust's financial statements, which is a significant assurance for the Board and wider stakeholders.
- noted that whilst the overall risk rating relating to the Cyber Assessment Framework was 'High' this is not an unusual assessment for an NHS Trust, the Auditor's confidence level in the veracity of the DSPT self-assessment is 'high'.

The Finance & Productivity Committee noted:

- continued strong overall performance seen against national targets which is becoming embedded into day-to-day operations. Operational performance continued in line with previous levels with the challenging areas of performance discussed at board level persisting.
- Good progress was made in identifying corporate back-office reductions, noting the need for continued collaboration with Sandwell and West Birmingham.
- Winter planning well developed

The Quality Committee received positive assurances related to:

- Maternity Services Perfect Week in February 2025 resulted in 34 Procedural Documents ratified within 1 month.
- Substantial assurance gained from the associated improvement interventions from the Complaints, Litigation, Incident, PALS (CLIP) report and Mortuary Report, including Fuller review and Prevention of Future Deaths.
- Positive assurance from the Quality Account draft report.
- 7 Day Services Deep Dive demonstrated improvements made over the last 7 years.
- Research activity continues to increase across the organisation and work is ongoing to meet requirements for University Hospital Association application.

- Vascular Team shortlisted for best clinical research for the Journal of Wound Care Award; positive for research profile within organisation.
- Positive assurance from the Chief Nurse and Medical Director report focusing on staff wellbeing, resilience and psychological safety.
- Perinatal mortality data remains stable, with all rates below national rates.
- Maternity and Neonatal Services 15 Steps Event took place on 20 May which was well attended; very positive verbal feedback with formal feedback awaited from MNVP.
- Maternity Annual Insight visit from Black Country LMNS and regional NHSE teams on 23 April; supportive to offer advice and guidance with very positive feedback, final report awaited.
- Annual balanced reports celebrating successes, challenges and focus for 2025/26.

The Integration Committee met in May 2025 and can provide positive assurance on the following matters:

- Positive assurance was received following the update on Dudley Health and Care Partnerships (DHCP), noting the appointment of the new chair Andy Gray from Dudley Council for Voluntary Service, and Kat Rose confirmed as a permanent Chair of DHCP Executive Group.
- Reasonable assurance was received following the update on Community First, noting the work planned for the next quarter which included the development of the Dudley Care Navigation Centre (CNC) and the update of Merry Hill Centre which will now include paediatric and provide additional services.
- Following the update on Re-location of Outpatient Services, reasonable assurance was received, noting the ongoing work the project team are doing to progress this.

The People Committee met in May and June with positive assurances to provide:

May

- The Committee reviewed the refreshed BAF and agreement was reached on the risk appetite of Seek and the proposed risk scores for the refreshed BAF 2.
- Turnover, Retention and mandatory training are all within the Trust targets and remain stable.
- The corporate risk register would be reviewed by the team once the BAF 2 had been finalised to ensure alignment.
- Band 2/3 – the back pay payment date was planned as September 2025 due to the national pay award being given in August.
- The MIC divisional deep dive covered staff survey results, sickness absence, actions underway on mandatory training. The Committee took positive assurance on the actions being taken.

June

- Sickness absence level has reduced below the 5% target for the first time in twelve months.
- Three deep dives were received, Bank Usage, Employee Relations and CCCS Divisional Deep Dive - all provided the Committee with reasonable assurance on key issues and key actions.

The Charity Committee noted positive progress on a number of charity funded schemes underway such as staff wellbeing rooms and an update on fundraising activities including a £10k unrestricted grant from ShareGift.

Advise

All committee meetings were quorate. The Integration Committee was stood down on the 25th of June due to a high number of apologies.

The Quality Committee advise:

- Agreed that Discharge Improvement Group report to address challenges will be submitted to Quality Committee and Terms of Reference have been updated to reflect this.
- Gloves Off campaign ongoing across the Trust to improve education and hand hygiene.
- Challenges with timely patient observations, with improvement work in place and focus via the new Quality and Safety Delivery Plan. Let's Get Ob 'Sessed' campaign starting in July to raise profile of importance of Vital Signs compliance and back-to-basic training.
- Complaints responsiveness improvement plan in place, with wider data reporting to Quality Committee and Board.
- Digital bed management system to be launched in July, working with partners to enable safe and appropriate discharge.
- HITWAFE (Home in Time when Arrangements Finalised and Enabled) to replace Home for Lunch.
- National CQC Children and Young People's Survey 2024 results received, with improvement plan developed.
- Increase in pressure ulcer incidents in April, however, overall reduction observed in May.
- Increase in midwifery vacancies noted; reasons include some internationally recruited staff relocating, retirements, reductions of hours post maternity leave, some Band 5 midwives moving outside of the system following their preceptorship. All midwifery vacancies have been recruited to, the majority starting during September/October. The Community Midwifery team have been specifically challenged, with mitigations and additional support being provided.

The following are located in the reading room

- A letter from the Chief Executive and Chief Nursing Officer at NHSE is included as Appendix 1 for Board oversight. Advise of an independent investigation to conduct urgent reviews of Maternity and Neonatal Services of up to 10 Trusts with specific issues. Identified actions within letter already being undertaken by DGFT, for which the Trust will formally respond to ensure good governance via the Committee and Board.
- A summary Perinatal Quality Report (Appendix 2) and the Bi-annual Maternity Workforce Report (Appendix 3) is included as Appendices for Board oversight and assurance.

Alert

The Finance & Productivity Committee is escalating the following matters to the board:

- Continuing concern around the problematic performance and financial challenges of Black Country Pathology Service (BCPS) with reduced turnaround times and weak pathology performance impacting negatively on patient care.
- In June the Trust was currently reporting a £13m unidentified Cost Improvement Programme (CIP) target with most significant risks related to non-elective schemes at £7.3m.

The Quality Committee is alerting the board to the following:

- Increase in number of avoidable VTEs; improvement work ongoing
- 202 overdue Procedural Documents across Medicine and Integrated Care and Corporate Divisions; oversight and accountability via Risk and Assurance Group.
- Further cases of VRE and E-coli in sputum (no evidence of cross infection) on Critical Care; focussed action taken with a positive impact.
- Safeguarding Children Level 3 training poor compliance, with recovery actions in place resulting in improvement during May.
- Trust-wide Temporary Escalation Space (TES) data to be publicised. Reporting in place, as well as SOP and risk assessments, to enable better oversight. New Risk added to Corporate Risk Register (Amber) in relation to TES.
- Sepsis improvement work is ongoing via Deteriorating Patient Team and group, monitoring of SHMI and establishing dashboard for real time data.

The Charity Committee heard that the fundraising team has not met its targets for the year, citing a decrease in corporate donations and unsuccessful grant applications as key reasons.

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 July 2025. Committee meetings held May and June 2025

4. Recommendation

The Public Trust Board is asked to:

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

5. Impact

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

Enclosure 4a

Joint Provider Committee – Report to Trust Boards

Date: 10th July 2025

Agenda item: Item 6.1

TITLE OF REPORT:	Report to Trust Boards from the 16 th May 2025 JPC meeting.
PURPOSE OF REPORT:	To provide all partner Trust Boards with a summary of key messages from the 16 th of May 2025 Joint Provider Committee.
AUTHOR(S) OF REPORT:	Sohaib Khalid, <i>BCPC Managing Director</i>
MANAGEMENT LEAD/SIGNED OFF BY:	Sir David Nicholson - <i>Chair of BC JPC & Group Chair of DGFT, SWBH, RWT, & WHT</i> Diane Wake - <i>CEO Lead of the BCPC</i>
KEY POINTS:	<p>The Joint Provider Committee (JPC) was held, and was quorate with attendance by the Chair, three Deputy Chairs, and both CEO's.</p> <p>Key discussion points included:</p> <ol style="list-style-type: none"> A progress update from the BCPC CEO Lead with a particular focus on highlighting progress within key clinical networks, the recent national visit from the GiRFT team, and a detailed trajectory of deliverables for the agreed Clinical Services Transformation programme of work. Progress update on the Corporate Services Transformation work, highlighting the repositioned (and phased) programme of work, which has taken account of recent national 'corporate services – cost reduction' targets for each partner Trust. Confirmation that external capacity / support for partner Trusts to enable faster productivity and efficiency delivery is to be stood down, pending a review by CEO's on any possible next steps, as the contingent fee proposal was deemed to be expensive with a high level of risk attached. A brief review of possible NHS reforms and exploration of possible opportunities that the four partner Trusts may wish to maximise.
RECOMMENDATION(S):	<p>The partner Trust Boards are asked to:</p> <ol style="list-style-type: none"> RECEIVE this report as a summary update of key discussions on the 16th May 2025 JPC meeting. NOTE the key messages, agreements, and actions in section 2 of the report.
CONFLICTS OF INTEREST:	There were no declarations of interest.
DELIVERY OF WHICH BCPC WORK PLAN PRIORITY:	The Joint Provider Committee oversees and assures progress against the agreed BCPC annual Work Plan, as outlined in schedule 3 of the Collaboration Agreement.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Endorsement / Support <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information

1. PURPOSE

- 1.1 To provide all partner Trust Boards with a summary of key messages from the 16th of May 2025 Joint Provider Committee.

2. SUMMARY

- 2.1 The Joint Provider Committee was held on the 16th of May 2025. The meeting was quorate with attendance by the Chair, both CEO's and three of the Deputy Chairs.
- 2.2 The minutes of the previous meeting were accepted as an accurate record and the Action Log was reviewed for progress with completed actions noted.
- 2.3 The following is a summary of discussions with agreements noted:

a) Items for Noting

- **CEO Leads update report** – The JPC received an update report from the Chair of the Collaborative Executive, which highlighted:
 - The positive progress being made across the Clinical Networks in delivering agreed priorities within the BCPC Workplan, showcasing the work of:
 - Gynaecology Clinical Network in preparing for changes to the national criteria for Endometriosis.
 - The magnificent progress by the DGFT Ophthalmology team in delivering 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; and the
 - Partnership work being progressed with commissioners to develop 'specialty specific service specifications, which will support the management of NHS resources within the Black Country, whilst retaining high standards of care delivery for the Black Country population.
 - The positive GiRFT visit by Prof Tim Briggs and national colleagues on Monday 28th April 2025. The Clinical Leads from across the BCPC showcased and highlighted the many areas of good practice that belies its presence on a regional and national stage. Many commendations were received from Prof Tim Briggs alongside challenge in key areas too where unwarranted variance was still visible, with the system commended for its approach to working collaboratively and the presentation that it had diligently put together
 - Key updates regarding the Clinical Service Transformation Programme were also provided, and included:
 - **DIEP Breast Reconstruction** - positive engagement activities have enabled the development of a business case which we hope to take through governance processes and seek approval in early summer.
 - **Gynae-oncology** - Work has commenced on reviewing a future service model to establish a robust and resilient Black Country service, with an engagement workshop planned and baseline work underway.
 - **Pharmacy Aseptic Service Transformation** – work continues at a pace to establish the Pharmacy Aseptic Service proposal, with two stakeholder engagement workshops being delivered in early May & June, and a draft output report due for circulation to all partners in early June prior to discussion at the next available BCPC Executive.

- **Urology Cancer Transformation** – The BCPC team is actively working on finalising a draft of the required Business Case, in tandem with operational teams from both RWT and DGFT working through the final transition and SOP arrangements to ensure that a robust and full service can formerly be established. There continues to be active dialogue and engagement with commissioners to ensure that all issues are addressed and processes for repatriation of Black Country activity is readied and/or being progressed.
- **Looking ahead** - there are a number of key clinical workshops planned (Vascular Services, Colorectal, Pharmacy Aseptics, Gynae-oncology, and Endoscopy), in addition to the forthcoming BCPC Joint Board Development workshop (20th June 2025), and the first Joint Professional Networking Workshop between clinical and medical workforce across mental health, primary and secondary care, scheduled for early September 2025.

b) **Items for Discussion**

- **Corporate Services Transformation** – The JPC received an update from the CSTP SRO. Given the change to the NHS environment which has resulted in a specific Trust level “*corporate services – cost reduction target*” being established, the CST programme has adjusted its approach and agreed with CEO’s a phased way forward as follows:
 - **Phase 1A** – the pursuit in delivery of the Trust specific target for corporate services cost reduction, to be led at a Trust level, through the two Groups.
 - **Phase 1B** – in parallel the CST Programme Board would seek to pursue early and obvious service areas for progression through 2025/26. This programme of work would be crafted and progressed through the Programme Board.
 - **Phase 2** – building on the delivery of Phase 1A, the programme Board would seek to identify a route through for the remaining corporate function areas from late 25/26.
- It is also worth noting that there has been key progress in several parallel and supporting / enabling pieces of work which have focused on:
 - Commissioning the development of the Legal Framework for the agreed strategic vehicle of a Managed Shared Services (MSS).
 - Validating the numbers, commissioning a new free piece of work from external partners to determine opportunity at scale.
 - Firming up the “Case for Change” in readiness for the formation of a Business Case in due course.
- **Update on the ‘Delivery Partner’** – The JPC received an update on the commissioning of a ‘Delivery Partner’. The SRO took the committee through the recent ‘rapid exercise’ undertaken by an external partner which identified the potential opportunity available at each partner Trust, over and above existing CIPs.

It was evident that whilst the opportunity was variable (greater at two partners and less so at the other two), following discussion it was agreed that the contingent fee was deemed to be expensive and risky.

It was agreed that the CEO’s would scrutinise and review the scale of the opportunities identified at each partner Trust and consider a ‘Plan B’ which may be presented for discussion in the future if appropriate.

- **Emerging NHS Changes (a horizon scan)** – The JPC received an update from the BCPC CEO Lead highlighting the recent NHS landscape changes following the announcements made by the new NHSE CEO on the 13th March 2025.

It was noted that the NHS 10-year plan is due imminently, together with further operational guidance on aspects of the proposed changes (e.g. Wholly Owned Subsidiaries, voluntary redundancy schemes etc.).

In parallel, preparatory work is underway in ICBs to consider future configuration options, with some early thought being given to possible delegations to other parts of local systems (e.g. Provider Collaboratives, or 'Place').

The JPC discussed these impending changes to the ecosystem noting that they provide an opportunity for evolving local systems, and the opportunity to both influence and shape the future local NHS landscape. All members of the JPC will remain active to future system wide discussions.

3. REQUIRED ACTIONS

- 3.1 The partner Trust Boards are asked to:
- a. **RECEIVE** this report as a summary update of key discussions at the 16th of May 2025 JPC meeting.
 - b. **NOTE** the key messages, agreements, and actions in section 2 of the above report.

Paper for submission to the Board of Directors on 10th July 2025

Report title:	Month 2 Financial Position
Sponsoring executive / presenter:	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 2 (May 2025) Trust financial position. After technical changes the **May cumulative position is a £2.843m deficit**. This position is £0.110m better than the financial plan submitted to NHS England in March.
2. The Trust is forecasting that we will achieve our 2025/26 financial year planned break even position after technical adjustments.
3. The Trust is forecasting a healthy cash balance for the 2025/26 financial year.
4. The Board is asked to note the Black Country Integrated Care System May 2025 financial position and year end plan of breakeven. The May position is £0.009m better than the financial plan submitted to NHS England in March. This should enable the System to receive quarter two deficit funding from NHS England.

Advise

1. The Trust's financial forecast for the 2025/26 financial year remains in line with the plan at a breakeven position. The Trust has carried out a review of the current financial risk within the plan which stands at £34.360m. While it is still early in the financial year the Trust needs to mitigate and close out the risk especially the Cost Improvement Programme delivery.
2. Pay performance in the first two months is positive with both substantive and bank pay expenditure being better than plan. However, this position is because of the Trust bringing forward Cost Improvement Programme savings linked to pay in the first two months of the year and are non-recurrent in nature.

Alert

1. Agency usage continues to be low in relative terms but has seen an increase against plan in the first two months of the financial year and is above the target by 11 WTE resulting in a cumulative overspend of £0.194m. 99.8% of agency expenditure relates to consultants and career grade doctors with the spend comprising only 0.8% of the Trusts total pay costs.
2. Non pay expenditure was above plan at the end of May by £0.545m. This related to a cost improvement savings shortfall, increased drug and devices expenditure and a cost pressure relating to energy costs.
3. Currently there are £13m of Cost Improvement Programme savings still classed as opportunities which will quickly need to progress to implementation if the Trust is to achieve the Cost Improvement Plan for 2025/26.

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
Month 2 (May 2025) detailed finance report presented to the Finance and Productivity Committee on the 26 th June 2025.
Summary Month 2 financial report presented to Executive Directors on 10 th June 2025.

4. Recommendations
The Public Trust Board is asked to:
a) Note the financial performance for the month of May 2025.
b) Note the reported Trust and System 2025/26 financial year end position and associated risks.

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 10 JULY 2025

1. EXECUTIVE SUMMARY

- 1.1 After technical changes the **May cumulative position is a £2.843m deficit**. This position is £0.110m better than the financial plan submitted to NHS England in March.
- 1.2 The actual position in May compared to plan shows a small increase in the run rate compared to the position against plan in April. Positive performance in pay expenditure is offset by an overspend against plan in non-pay expenditure. The Trust has been able to bring forward pay cost improvement savings originally planned for later in the year non-recurrently and along with the impact of the recruitment freeze at the back end of 2024 pay expenditure is below plan. However, cost improvement savings have not been achieved for some of the productivity schemes which added to cost pressures seen in other non-pay categories have offset the positive pay position.
- 1.3 Performance against the Elective Recovery Fund was as per plan at the end of May. At this stage of the year, it is too early to accurately report on the position as figures remain draft and plans are not yet agreed. The Trust continues to work with Integrated Care Boards to agree indicative activity plans from which the Elective Recovery Fund will be managed against.
- 1.4 Pay expenditure to the end of May was underspent against plan with an underspend of £0.420m. Substantive whole time equivalent reductions were 49 whole time equivalents better when compared to plan as at the end of May resulting in substantive pay costs being £0.280m below plan. Bank expenditure was below plan up to May with bank being underspent by £0.334m. Agency usage remains low but is overspending against plan and is £0.194m overspent at the end of May.
- 1.5 Non pay spend was above plan at the end of May by £0.545m. This related to a cost improvement savings shortfall, increased drug and devices expenditure and a cost pressure relating to energy costs.
- 1.6 The phased Cost Improvement Programme plan to May equated to £2.470m. Achievement to May totals £2.475m which is slightly higher than plan by £0.005m. Of the total Cost Improvement Programme target of £38.976m plans in progress, fully developed, or implemented total £25.976m as at the end of May. This leaves £13.000m still classed as opportunities which will quickly need to progress to implementation if the Trust is to achieve the Cost Improvement Plan for 2025/26.
- 1.7 The Trust's financial forecast for the 2025/26 financial year remains in line with the plan at a breakeven position. The Trust has carried out a review of the current financial risk within the plan which stands at £34.360m. While it is still early in the financial year the Trust needs to mitigate and close out the risk especially the Cost Improvement Programme delivery.
- 1.8 The Integrated Care System reported an actual aggregate deficit of £17.847m for May. This is £0.009m better than the financial plan submitted to NHS England in March.

2. INCOME AND EXPENDITURE

- 2.1 After technical changes the **May cumulative position is a £2.843m deficit**. This position is £0.110m better than the financial plan submitted to NHS England in March.
- 2.2 The actual position in May compared to plan shows a small increase in run rate compared to the position against plan in April. Positive performance in pay expenditure is offset by an overspend against plan in non-pay expenditure. The Trust has been able to bring forward pay cost improvement savings originally planned for later in the year non-recurrently and along with the impact of the recruitment freeze at the back end of 2024 pay expenditure is below plan. However, cost improvement savings have not been achieved for some of the productivity schemes which added to cost pressures seen in other non-pay categories have offset the positive pay position.
- 2.3 Performance against the Elective Recovery Fund was as per plan at the end of May. At this stage of the year, it is too early to accurately report on the position as figures remain draft and plans are not yet agreed. The Trust continues to work with Integrated Care Boards to agree indicative activity plans from which the Elective Recovery Fund will be managed against. The agreement of NHS patient care contracts is due to complete at the end of June. There currently remains several out of area Integrated Care Board contracts that are not agreed due to differing activity positions. The Trust expects to resolve these issues but the income shortfall on contract offers compared to plan assumptions remain a risk at this stage of the year.
- 2.4 Substantive staff are 49 Whole Time Equivalents (WTE) below the target in May (April 30 WTE below the target). Substantive pay costs were £0.280m below plan at the end of May. The Trust has brought forward Cost Improvement Programme savings linked to pay in the first two months of the year. These are non-recurrent and relate to the short-term impact of the recruitment freeze at the back end of 2024 as well as the continuation of electronic patient record system development and the capitalisation of development staff. These items are the main reason for the Trust being ahead of plan for both whole time equivalents and money.
- 2.5 Bank has underspent against the cumulative plan to May despite being over target for whole time equivalents. Bank is over the target by 7 Whole Time Equivalents (WTE) (April 29 WTE below the target). However, there is a cumulative underspend of £0.334m against plan at the end of May. An element of the financial saving will be attributable to the reduction of the bank rates that commenced in April. There are also enhanced controls in place as part of divisional bank reduction plans which will be further reducing bank usage. At present the spend profile is similar to 2024/25. Given June to August in the previous financial year increased significantly, the next three months will more clearly demonstrate whether the Trust controls are succeeding.
- 2.6 Agency usage continues to be low in relative terms but has seen an increase against plan in the first two months of the financial year and is above the target by 11 WTE resulting in a cumulative overspend of £0.194m. 99.8% of agency expenditure relates to consultants and career grade doctors with the spend comprising only 0.8% of the Trusts total pay costs. The spend is spread across ten specialties with excessive costs (>£50k expenditure) in Elderly Care, Paediatrics, ED, Rheumatology, Obstetrics and Anaesthetics. Work is ongoing to agree exit strategies with Divisions.
- 2.7 Non pay expenditure exceeded plan by £545k to May. Part of the overspend related to the non-delivery of Cost Improvement Programme savings classed as non-pay in the financial plan linked to productivity schemes. Other notable overspends included clinical supplies, drugs and devices and a cost pressure relating to the energy cost within the PFI contract. An estimate was included

in the original plan which was significantly lower than the final contractual charge.

- 2.8 The Trust's financial forecast for the 2025/26 financial year remains in line with the plan at a breakeven position.
- 2.9 The Trust has conducted a review of the current financial risk within the plan which stands at £34.360m:

Risk	£000's
Cost Improvement Programme	13,000
Risk Pool	3,460
Deficit Funding	15,900
Elective Recovery Fund Income	600
Out of Area Healthcare Contracts	1,400
Total Risk	34,360

While it is still early in the financial year the Trust needs to mitigate and close out the risk especially the Cost Improvement Programme delivery. The Trust expects to close out the income related risks totaling £2m. The remaining risk remains a System risk with deficit funding and the risk pool risk becoming more understood as the financial year progresses.

3. CAPITAL AND CASH

- 3.1 The cash position at the end of May was £5.928m higher than the previous month's forecast. Black Country Integrated Care Board was £2m above forecast because of contract income being paid on account. This will be recovered in July/August. Non-patient income receipts were £3.598m above forecast. This related to Integrated Care Board non-clinical income being paid for the full year in May when it was expected to be paid monthly. Payments were only £0.066m higher than the forecast in May. There was a small variance on supplier payments which was offset by capital payments being lower than forecast. Both these will not material and were timing differences.
- 3.2 Cash compared to plan decreased by £3.356m. This related to the sub-co cash balance being higher at year end than the 2025/26 planned amount (£0.334m) offset by an increase in capital expenditure due to lower than planned capital creditors at year end (£3.690m). The Trust has forecast that all deficit funding and risk pool funding will be paid within the contract value. Any different phasing of these payments will change the in-month cash forecasts. The downside cash modelling currently shows a reduced cash balance of £12.9m at the end of the financial year. This will be reviewed monthly and will change dependant on the Trusts delivery of the financial plan.
- 3.3 Compliance with the Better Practice Payment Code was 89.4% in terms of number of invoices paid to non-NHS suppliers and 91.6% for NHS suppliers as at 31st May 2025. The fall in non-NHS payment performance related to delays in pharmacy invoices being authorised. This has been escalated to ensure this issue is resolved.
- 3.4 In month 2 there was year to date capital expenditure of £2.658m against the original planned spend of £4.120m. The Emergency Department development is £1.294m behind the plan. This relates to a revised expenditure profile provided by the contractor. The scheme is not delayed, and the actual will catch up with the plan in the next three months. Community Health Partnership and NHS Property Services lease remeasurements are the inflation increase in the leases which are lower than the estimated value by £0.356m. The Electronic Patient Record development is a new scheme funded from the medical equipment spare capital. Capital expenditure of £18.478m is planned for the 2025/26 financial year.

4. COST IMPROVEMENT PROGRAMME

- 4.1 The phased Cost Improvement Programme plan to May equated to £2.470m. Achievement to May totals £2.475m which is slightly higher than plan by £0.005m.
- 4.2 Of the total Cost Improvement Programme target of £38.976m plans in progress, fully developed, or implemented total £25.976m as at the end of May. This leaves £13.000m still classed as opportunities which will quickly need to progress to implementation if the Trust is to achieve the Cost Improvement Plan for 2025/26.
- 4.3 Of the total programme in the original plan 77% was planned to be recurrent (£29.978m) with 23% non-recurrent (£8.998m). The Trust may need to mitigate the plan with further non-recurrent schemes if current opportunities are not moved forward in the next couple of months.
- 4.4 The original plan contained £8.998m of unidentified schemes. These schemes have now all been identified in the main non-recurrently and therefore there remains little opportunity for further technical non-recurrent schemes.

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

- 5.1 The Integrated Care System reported an actual aggregate deficit of £17.847m for May. This is £0.009m better than the financial plan submitted to NHS England in March. Two providers did not achieve their financial plan in month two with the System achieving the plan following over achievement of plans in one provider and at the Integrated Care Board
- 5.2 The System has submitted a breakeven plan subject to the receipt of deficit funding from NHS England of £95m. Failure to deliver the plan will place the receipt of deficit funding at risk. The first quarter of deficit funding is assessed on the robustness of financial plans and NHS England Midlands has recommended payment of this funding to the national team. The second quarter is due to be assessed on the System performance at the end of May.

6. RECOMMENDATIONS

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

Chris Walker
Interim Director of Finance
22nd June 2025

Paper for submission to Board of Directors Friday 10th July 2025

Report title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report
Sponsoring executive:	Karen Kelly – Chief Operating Officer
Report authors:	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

Advise

Annual Report that reviews the Trust's Emergency Preparedness, Resilience and Response (EPRR) arrangements for 2024/25.

- The aim of this report is to provide the Trust Board with assurance that there is a suitably effective framework in place to ensure The Dudley Group (DGFT) is able to meet its statutory and non-statutory requirements in respect of the Civil Contingencies Act 2004, NHS standard contract for Emergency Preparedness, Resilience and Response, The Health and Care Act, 2022, and NHS England Core Standards for Emergency Preparedness Resilience and Response 2022.

Assure

- The report provides positive assurance against the 10 domains highlighted within the national core standards framework and annual assessment process including the Trusts performance in 2024 at 84%.
- The framework employs a Plan/ Do/ Check/ Act methodology, which essentially promotes a continuous cycle of improvement. As such, lessons learnt throughout the year from operational aspects of EPRR and the national Core Standards process is fed back into a robust work plan to promote continued learning and greater assurance moving forward.

Alert

None

The full report is located in the reading room 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

EPRR Assurance Group (19/03/2025) – virtual consultation
Finance and Productivity Committee (29/05/2025)
Trust Board of Directors (10/07/2025)

4. Recommendations

The Public Trust Board is asked to:

a) **Approve** the content 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		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**

Enclosure 7

Paper for submission to the Public Board on 10th July 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

This update shares progress we have made during 2024/2025 highlighting the Health and Care Partnership's commitment to a "community first" approach, aiming to provide more care in the community and reduce unnecessary hospital admissions. It also shares plans to progress this work and add value.

Key achievements 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.

Looking ahead to 2025/2026, the Partnership will 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 as part of a whole system health needs assessment; diabetes, cholesterol and hypertension and health checks for those with mental health or learning disabilities. This support the national shift in the NHS from treatment to prevention and supports the partnership commitment to support working with generally healthy residents who are at risk of developing long term conditions via our Community Partnership Teams.

Following the Dudley Improvement Practice Value Stream Analysis (VSA), eleven "cells" have been formed 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." We are already seeing a sustained reduction in the number of attendances and admissions for patients in care homes who are registered with Trust Practices.

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 Health and Care Partnership will provide addition oversight of the Community First Value Stream Analysis (VSA) outcome with clear links between the DGFT Strategic Plan and shared objectives.

We aim to further engage our workforce and our communities by sharing our story to allow for a greater understanding and more visibility of the Partnership. The attached slide deck (Appendix 1) details the who, why, how and “so what”. Slides were first shared with Governors in June and has been refined following their feedback and will be further trialled at the Trust Management Group in July. A final iteration will be showcased via a series of roadshows starting in September.

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 10th July 2025

1. Purpose

This update shares progress we have made during 2024/2025 highlighting the Health and Care Partnership's commitment to a "community first" approach, aiming to provide more care in the community and reduce unnecessary hospital admissions. It also shares plans to progress this work, add value and support the NHS shifts required by government over the next 10 years. The Partnership's mission is to provide health and care in the "**Community where possible, hospital when necessary**"

2. Dudley Health and Care Partnership Update

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.

We recognise over the next few years there will be significant changes for all partners, to include recent announcements linked to the publication of the NHS 10 Year Plan, it is therefore fundamental that the Trust, partners and residents are engaged in the work of the Partnership.

2.1 Reflections on Progress 2024/2025

This year we have focused efforts on our agreed priorities that all partners can contribute to and influence. 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.

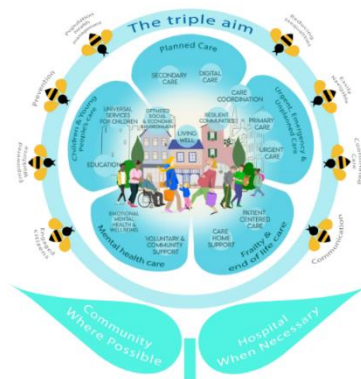
We are confident that the Health and Care Partnership will continue to build upon its achievements, ensuring the delivery of high-quality, integrated care for the communities of Dudley and will deliver against our agreed model of care which is a structured framework that outlines how Dudley's health 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 is a summary of our key partnership success for 2024/2025



Shift the Curve of Future Demand

- **Women's Health Hub** - 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.
- **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.
- **Optimising health and social care delivery and efficiency**– Integrated First 1001 Days Teams delivered personalised care from the 5 Family Hubs ensuring coordinated care for infants and families. There has been a statistically significant increase in infants totally or partially breastfed and reduction in infants receiving no breastmilk

Transform Citizen Experience

- **Right Care, Right Person (RCRP)** has been successfully rolled out. The model 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. 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.
- **Thoughtful use of technology** – between April 2024 – March 2024 there were 1266 downloads of “Dadpad” 34% 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. **Build trust and mutual respect**– by delivering on commitments, acknowledge contributions and foster personal connections via monthly meetings, face to face bimonthly
- **Clear roles and responsibilities**– via a Partnership Agreement, with an active decision and action tracker and KPI dashboard for clear accountability
- **Collaborative strategies**– we participate in joint planning, shared resources and expertise via Executive Team, contributing to ICP and organisational strategies

2.2 Plans for 2025/2026

As we progress into 2025/2026, we will continue to focus on 3 in year priorities. We have aligned our priorities to those of the NHS 10 Year Plan, the DGFT Strategy and partnership outcomes.

4 deep dives have been proposed for 2025/2026

- TBC – 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. 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.

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 refreshed the Housing and Health Partnership with 8 social housing providers and the Local Authority housing department joining the NHS and Public Health. 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.

Furthermore, 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.

There is already evidence of the impact of the work with the DGFT GP Practice Chapel Street and the Care Homes, which commenced following the Partnership Deep Dive in December. A sustained reduction in the number of patients **admitted** to the hospital from care homes has been recorded since February. Since the process change the average has reduced from 77.9 patients per week to 68.6. Additionally, the number of **attendances** from patients in care homes who are registered with Trust Practices has reduced from an average of 100.1 patients per week to 89.4.

An exercise was undertaken to assess the effect of the 11 cells on the Partnership KPIs which concluded that 9 / 11 Cells would impact positively. Partners have since participated in a weeklong event to further plan and develop the Care Home Pilot cell into action (June 2nd – 6th) with a vision of:

“wouldn’t it be great if... care home residents at risk of deterioration could receive timely, compassionate, and dignified care in the place they call home — supported by a confident, connected, and multidisciplinary system-wide team that feels valued and empowered to do their best work.”

By 31st October 2025, we will provide more home care and treatment for care home residents at risk of deterioration.

A further two events are scheduled:

1. July 7th – 11th on the Community Frailty Hub
2. October 13th – 17th on Community Partnership Teams (CPT)

Prior to the CPT event in October the Health and Care Partnership is hosting a workshop on July 23rd to engage with all stakeholders on what Neighbourhood Health should look like in Dudley and what role each partner will take to make our plans a reality. This will set the ambition for the final post VSA event. This will be the first of the new style format of Health and Care Partnership Board sessions which aims to broaden the reach of the Partnership beyond the Board Members. The session will be face to face in a public venue and follow a topic specific coproduction format.

We also aim to further engage our workforce and our communities by sharing our story to allow for a greater understanding and more visibility of the Partnership. The attached slide deck (Appendix 1) details the who, why, how and “so what”. Slides were first shared with Governors in June and has been refined following their feedback and will be further trialled at the Trust Management Group in July. A final iteration will be showcased via a series of roadshows starting in September.

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 asked to note and discuss the contents of the report and provide feedback on the slide deck.

Paper for submission to the Trust Board meeting on 10th July 2025

Report title:	Medical Director and Chief Nurse Report - Staff Wellbeing.
Sponsoring executive:	Dr Julian Hobbs, Medical Director Martina Morris, Chief Nurse and Director of IPC.
Report author:	MD and CNO office team, in conjunction with Human Resources, Organisational Development and Charity team.

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

The health and wellbeing of NHS staff has long been a topic of interest to researchers, policy makers and senior leaders. The themes identified from the published literature are summarised effectively in Shanafelt et al 2016 paper 'Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout'. The paper identifies key dimensions to engaging our teams and avoiding burnout.

Our key workforce metrics from Q4 highlight the impact on staff during periods of prolonged operational pressures. Despite some increases in staff survey measures relating to feelings of burnout, provision of resources, high appraisal rates and incidents of bullying and harassment, our measures have declined and remain broadly below the Picker reported average. This is despite a comprehensive and varied programme of work to engage staff and reduce burnout. This work is not isolated to the winter period and is a core function of teams within the organisation. The work being undertaken is complex and multifaceted with a distinct movement from tokens of appreciation to meaningful training in wellbeing and underlying principles of making work meaningful. Short term interventions are welcomed by staff but need to be linked to visible change that is continual and co-developed. There have been some encouraging improvements post winter, with a decrease in absence rates and an increase in people pulse survey results relating to wellbeing.

We acknowledge the complexities of the financial situation on staff wellbeing and morale and aspire to ensure that the plans laid out in this paper to build on existing work will support the delivery of our strategic aim to be a brilliant place to work.

We have previously reported assurance around the impact on quality and safety over the winter and staff should be commended for maintaining these areas during the winter period and times of sustained operational pressures.

The overarching aim of this paper is to highlight the impact of sustained pressure on our teams but, more importantly, crystallise a plan for maximising the support we offer as a leadership team moving forwards.

It is our recommendation that future winter planning session includes a chapter on staff support and the suggested actions in this paper are monitored via existing forums such as the Health and Wellbeing Steering Group or Being a Brilliant Place to Work and Thrive Group.

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	

3. Report journey
Quality Committee - 24 June 2025.
Trust Board - 10 July 2025.

4. Recommendation(s)
The Trust Board is asked to:
a) Note the ongoing work and recommended actions to support staff health and wellbeing.

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	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
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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		

Chief Nurse and Chief Medical Officer Report - Staff Wellbeing

June 2025

Executive Summary

The health and wellbeing of NHS staff has long been a topic of interest to researchers, policy makers and senior leaders. The themes identified from the published literature are summarised effectively in Shanafelt et al 2016 paper 'Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout'. The paper identifies key dimensions to engaging our teams and avoiding burnout.

Our key workforce metrics from the winter period highlight the impact on staff during periods of prolonged operational pressures. Despite some increases in staff survey measures relating to feelings of burnout, provision of resources, high appraisal rates and incidents of bullying and harassment, our measures have declined and remain broadly below the Picker reported average. This is despite a comprehensive and varied programme of work to engage staff and reduce burnout. This work is not isolated to the winter period and is a core function of teams within the organisation. The work being undertaken is complex and multifaceted with a distinct movement from tokens of appreciation to meaningful training in wellbeing and underlying principles of making work meaningful. Short term interventions are welcomed by staff but need to be linked to visible change that is continual and co-developed. There have been some encouraging improvements post winter, with a decrease in absence rates and an increase in people pulse survey results relating to wellbeing.

We acknowledge the complexities of the financial situation on staff wellbeing and morale and aspire to ensure that the plans laid out in this paper to build on existing work will support the delivery of our strategic aim to be a brilliant place to work.

We have previously reported assurance around the impact on quality and safety over the winter and during times of sustained operational pressures and staff should be commended for maintaining these areas during the winter period. The overarching aim of this paper is to highlight the impact of sustained pressure on our teams but more importantly crystallise a plan for maximising the support we offer as a leadership team moving forwards.

It is our recommendation that future winter planning session includes a chapter on staff support and the suggested actions in this paper are monitored via existing forums such as the Health and Wellbeing Steering Group or Being a Brilliant Place to Work and Thrive Group.

1.0 Purpose of this paper

The Chief Nurse and Chief Medical Officer have been providing a joint revised report to Quality Committee and Board for the last 6 months. The previous paper highlighted potential impact on staff wellbeing due to the sustained operational pressures and during the winter period. This paper explores this impact in more detail, looking at Q4 metrics, and, with the support of colleagues across the Trust, outlines plans to improve the experience of staff in times of significant pressures. The substantial and complex work already in progress is referenced throughout this paper.

2.0 Context

2.1 The health and wellbeing of NHS staff has long been a topic of interest to researchers, policy makers and senior leaders. The 2021 'Workforce burnout and resilience in the NHS and social care' inquiry heard evidence from leaders in the field and concluded with 18 recommendations. The inquiry concluded workforce planning was required and cautioned against a focus on the resilience of individual staff members, advising instead to consider a more systems and systemic solutions.

2.2 Professor Tom Bourne's work highlights the level of burnout amongst hospital doctors in the UK is very high - and particularly so amongst trainees (>40%) and identifies a link between burnout and increased defensive medical practice, medical accidents, lack of empathy and unprofessional behaviour (Bourne et al, 2019).

2.3 Panagioti et al 2018 meta-analysis provided evidence that physician burnout may jeopardise patient care with health care organisations encouraged to invest in efforts to improve wellness (Panagioti M et al, 2018).

2.4 Healthcare regulators have commented widely on the importance of wellbeing for staff, with the 2019 General Medical Council (GMC) paper Caring for Doctors, Caring for Patients identifying working as a functional team being vital to wellbeing in healthcare. The paper noted 3 key areas for organisations to focus on; autonomy and control, belonging and workload as key to creating a supportive culture. (West and Coia, 2019).

2.5 Lack of access to basic needs, such as hydration and sleep, have been identified as a major concern for NHS staff wellbeing and patient safety. It is therefore vital that we address basic staff needs, such as sufficient breaks, as a priority. Maslow's Hierarchy of Needs, demonstrates that basic needs are critical and form the foundation for fulfilling the overall health and wellbeing agenda (NHS Employers, June 2025).

2.6 The themes identified from the published literature are summarised effectively in Shanafelt et al 2016 paper 'Executive Leadership and Physician Well-being: Nine Organisational Strategies to Promote Engagement and Reduce Burnout'. Although now almost 10 years old and written specifically with the American system in mind, the paper provides a solid structure for focusing our work to support our staff. The paper identifies key dimensions to engaging our teams and avoiding burnout. The latter part of this paper will assess our current work against the recommendations in this paper as well as making suggestions for work to commence.

3.0 What we know about our current position

3.1 Our previous paper explored the impact of a highly pressurised NHS provider during the winter months on our patients. This month we are exploring the impact of a challenging winter period on our staff. We acknowledge that the pressures faced by teams is not confined to winter and the system is under sustained pressure throughout the year. The following data summarises what we know about the current state regarding staff wellbeing.

The data in this paper has been collated using existing Trust dashboards and meeting reports via People Committee.

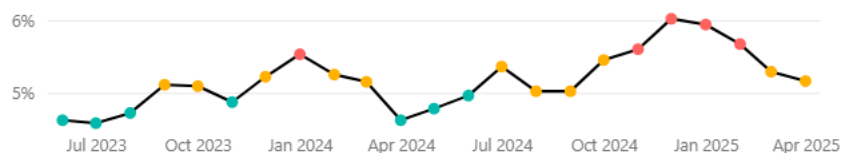
Absence

There is an evident increase in sickness levels during Q3/4 of 2024/5 across the organisation with a peak of 5.96% in January 2025 (In month figure). The absence % was significantly higher in specific areas as detailed below, particularly in management and administrative roles.

253 GI Med Secretaries Spec	38.61%
253 Trust Headquarter Spec	32.45%
253 Medical Secretaries Urology Spec	26.37%
253 Mgt Team Specialist Surgery Spec	22.30%
253 Medicines Optimisation Support Spec	22.08%
253 Surgery Division Mgmt Spec	21.15%
253 Kingswinford (Adult DN) Spec	19.85%
253 Pathology - Phlebotomy Spec	19.50%
253 Emergency Medicine Admin Spec	18.54%
253 Respiratory Medicine Secretaries Spec	17.31%
253 Maternity Public Health Spec	15.96%
253 Mgmt Team Urgent Care Spec	15.32%
253 Leg Ulcer Service Adult DN Spec	15.30%
253 Elderly Care Secretaries Spec	15.22%

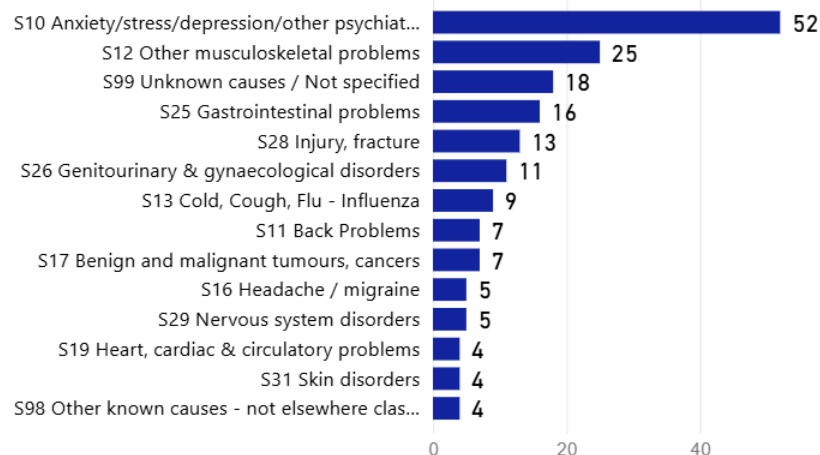
At the front door, ED nursing teams reported 9.7% absence in January. The ED medical staff sustained a below 3% sickness rate during the same period. It is acknowledged that reporting amongst medical staff may be less robust than in other teams.

Absence % (FTE) 2 Years rolling



Some of the increase may be attributable to the 'quademic' reported over winter 2024 and a corresponding increase in absence due to cough/cold/flu, as well as gastro symptoms was noted. Our workforce data highlights stress/anxiety as prominent cause of absence in this Trust for some time. Current open absences continue to see this category as the highest.

Reason (No. of instances. Open cases)



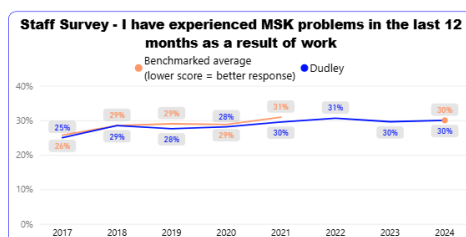
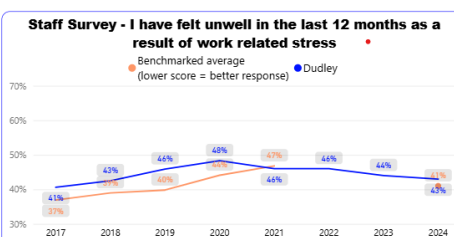
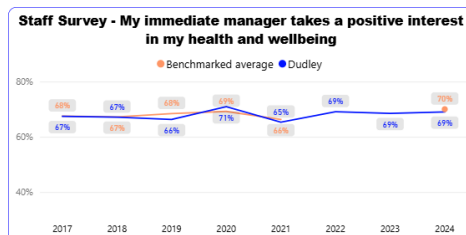
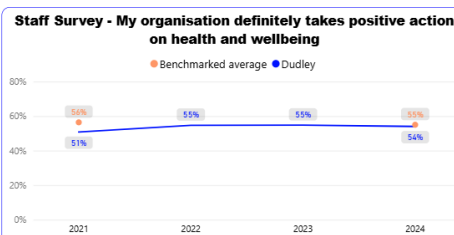
Encouragingly, absence has decreased month on month since January 2025, with May 2025 below target. There has been a taskforce established to support this work. The taskforce groups are working with areas that have high short-term sickness absence and reducing the number of episodes through ensuring managers have the tools, support and resources to manage sickness absence at the earliest opportunity.

Staff Survey / People Promise

Our 2024 People Promise data remained around benchmark average. The staff survey questions did show some positive increases relating to provision of resources, feelings of burnout and incidents of bullying and harassment. We are positive outlier for appraisals being completed. The majority of measures remain below the Picker average and analysis of the free text comments was in broad themes of:

- Staffing levels
- Communication
- Management and leadership
- Bullying and harassment
- Pay and recognition
- Facilities and resources

The below data highlights the wellbeing specific questions and shows the Trust below benchmark average in these domains.



The Trust has established a 'Brilliant Place to Work and Thrive' Steering

	<p>Group with representation from all divisions and corporate services to provide a focus on oversight of elements of support work that deliver against this strategic objective.</p> <p><u>People Pulse</u></p> <p>The Trust saw a strong response rate for the People Pulse survey in April, with 1,021 people taking part - that is around 15.4% of our total workforce of 6,600. 56.1% of staff feel that the organisation proactively supports their health & wellbeing. This continues an upward trend since April 24 Mood of staff completed survey - 56.2% of staff felt positive about being at work, compared to 51% in Jan 2025. Manager briefings are taking place currently.</p>																																																																																																									
Freedom to Speak Up Guardian	<p>The Trust now has 36 FTSU champions. The top three themes reported are 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%. This data relates to Q4 2025.</p> <p>There is an upward trend on reporting across all areas in 2024/25 compared to the previous period. This could be attributed to the increased number of champions and the work undertaken relating to bullying and harassment in the Trust.</p> <table><tr><th></th><th>Unit</th><th>23/24 Value</th><th>24/25 Value</th><th>Definition</th></tr><tr><td>How many FTSU guardians does your organisation employ?</td><td>Num</td><td>2</td><td>3</td><td>The number of FTSU guardians supporting the workforce within your organisation (exclude FTSU guardians that support other organisations). [The cost associated with these should be included in 'Other non pay' in 'Costs' section for the 'Corporate Governance' sub-function].</td></tr><tr><td>How many FTSU ambassadors/champions does your organisation have?</td><td>Num</td><td>20</td><td>34</td><td>The number of FTSU ambassadors or champions supporting the workforce within your organisation (exclude those FTSU staff that support other organisations). [The cost associated with these should be included in 'Other non pay' in 'Costs' section for the 'Corporate Governance' sub-function].</td></tr><tr><td colspan="5">How many FTSU cases were reported under each of the following categories?</td></tr><tr><td>Bullying and harassment</td><td>Num</td><td>8</td><td>16</td><td>The number of FTSU reported cases relating to bullying and harassment.</td></tr><tr><td>Patient safety and quality</td><td>Num</td><td>19</td><td>21</td><td>The number of FTSU reported cases relating to patient safety.</td></tr><tr><td>Detriment as a result of speaking up</td><td>Num</td><td>3</td><td>0</td><td>The number of FTSU reported cases relating to detriment as a result of speaking up.</td></tr><tr><td>Worker safety</td><td>Num</td><td>22</td><td>74</td><td>The number of FTSU reported cases relating to worker safety.</td></tr><tr><td>Inappropriate attitudes and behaviours</td><td>Num</td><td>36</td><td>36</td><td>The number of FTSU reported cases relating to inappropriate attitudes and behaviour.</td></tr><tr><td>Anonymous</td><td>Num</td><td>10</td><td>15</td><td>The number of FTSU anonymous reported cases.</td></tr><tr><td>Total number of FTSU cases reported</td><td>Num</td><td>98</td><td>147</td><td>The total number of FTSU reported cases.</td></tr></table>		Unit	23/24 Value	24/25 Value	Definition	How many FTSU guardians does your organisation employ?	Num	2	3	The number of FTSU guardians supporting the workforce within your organisation (exclude FTSU guardians that support other organisations). [The cost associated with these should be included in 'Other non pay' in 'Costs' section for the 'Corporate Governance' sub-function].	How many FTSU ambassadors/champions does your organisation have?	Num	20	34	The number of FTSU ambassadors or champions supporting the workforce within your organisation (exclude those FTSU staff that support other organisations). [The cost associated with these should be included in 'Other non pay' in 'Costs' section for the 'Corporate Governance' sub-function].	How many FTSU cases were reported under each of the following categories?					Bullying and harassment	Num	8	16	The number of FTSU reported cases relating to bullying and harassment.	Patient safety and quality	Num	19	21	The number of FTSU reported cases relating to patient safety.	Detriment as a result of speaking up	Num	3	0	The number of FTSU reported cases relating to detriment as a result of speaking up.	Worker safety	Num	22	74	The number of FTSU reported cases relating to worker safety.	Inappropriate attitudes and behaviours	Num	36	36	The number of FTSU reported cases relating to inappropriate attitudes and behaviour.	Anonymous	Num	10	15	The number of FTSU anonymous reported cases.	Total number of FTSU cases reported	Num	98	147	The total number of FTSU reported cases.																																																		
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(WRK) Paediatrics staffing below minimum standard for dependency levels.	3	4	12	19
(WRK) Suspension of home birth service	1	0	0	1
Total	61	44	61	166

There were **43** incidents reported relating to **communication**:

	Jan 2025	Feb 2025	Mar 2025	Total
(REC) COMMUNICATION Problem	9	5	9	23
(REC) Failure in intra-ward HANDOVER process	0	0	1	1
(REC) FAILURE in REFERRAL Process	6	5	2	13
(REC) Failure in shift HANDOVER Process	0	0	2	2
(REC) FAILURE to inform other Ward/Team/Patient/Relative	0	0	1	1
(REC) Failure to RESPOND to Request	1	0	1	2
(REC) Issues with Interpreter Services/Language Barrier	0	1	0	1
Total	16	11	16	43

There were **26** incidents reported relating to **issues with staff members**:

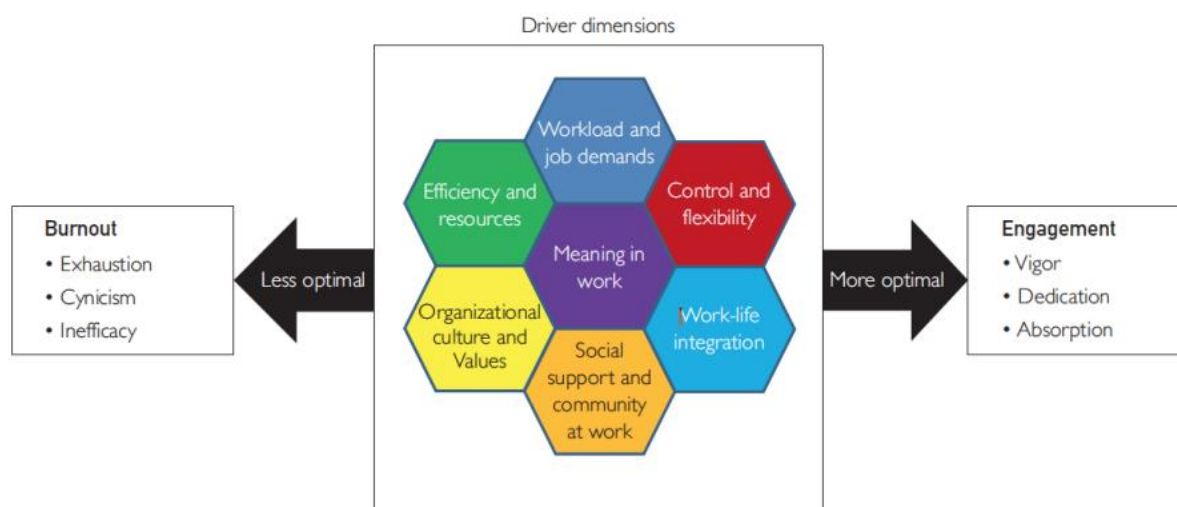
	Jan 2025	Feb 2025	Mar 2025	Total
(WRK) Concern over admission process	0	0	1	1
(WRK) Concern over Work/Working Hours	3	6	2	11
(WRK) Unprofessional Attitude/Appearance	3	8	3	14
Total	6	14	6	26

There were **2** incidents reported relating to **training**:

	Feb 2025	Total
(WRK) Inadequate Training for Expected Work/Task	2	2
Total	2	2


In addition there were **231** incidents relating to **capacity**

	Jan 2025	Feb 2025	Mar 2025	Total
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	Assurance	Opportunity
Workload and job demands	<p>Job Planning</p> <p>The Trust has been on a 5-year journey in relation to Job Planning for both Medical staff and Allied Health Professionals. As of 10/06/25, 68% of Medical Staff had a job plan agreed in the last 12 months. A core element of the job planning process is consistency panels that assess a range of metrics including job plans exceeding set limits which could have a negative impact on work life balance. The panels ensure consistency of Core SPA time to support medical staff to revalidate.</p> <p>Guardian of Safe Working</p> <p>Dr Fouad Chaudry is the Trust Guardian of Safe Working and reports regularly to the Trust Board. The Junior Doctor Forum and Guardian of Safe Working Forum have been merged into one afternoon session every 2 months to maximise junior doctors' contribution.</p> <p>Rest and fatigue facilities</p> <p>There is an established group which meets every 8 weeks to review the standards set out by the Midlands Charter, the BMA Fatigue and Facilities Charter. and the Working Environment and Wellbeing Guide. The group includes representatives from the Resident Doctors (including the Mess President, the resident doctor wellbeing champions, locally employed doctors) and feeds into the wider Trust wellbeing strategic group. Standards reviewed include items such as: offering regular wellbeing and mental health support; ensuring induction includes information about how to access wellbeing support, access</p>	<ol style="list-style-type: none"> 1. Continue to strive to 95% job completion target. 2. Workforce planning session with CDs and DMs scheduled 01 July. 3. Team Job Planning to commence Q3. 4. Opportunity to review detailed medical staff guidance relating to facilities to ensure suitable facilities are available for all professional groups.

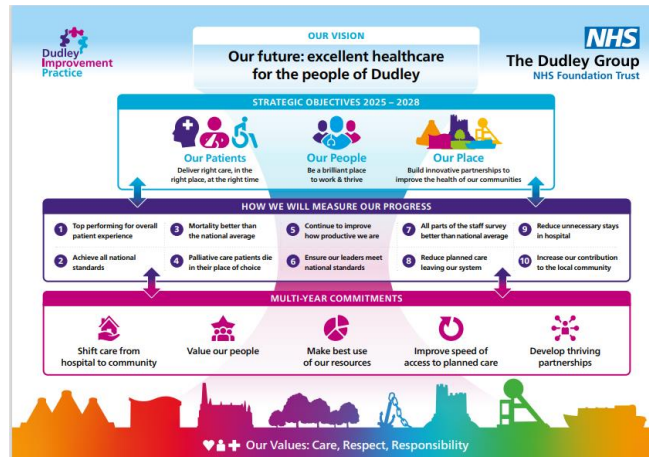
	<p>rest facilities; ensuring the Mess is fit for purpose; ensuring access to high quality food out of hours; ensuring clear signposting and access to wellbeing support throughout the Trust (e.g. through the resident doctor newsletter, user friendly Hub page) etc.</p> <p>Ward areas have dedicated staff room spaces and the Trust has a number of outdoor seating areas available. There are two restaurant spaces located in the main hospital and south block.</p> <p>Then Dudley Group NHS Charity received a grant from NHS Charities Together for £121k to refurbish individual staff/wellbeing rooms at the Trust as agreed by Executives and Charity Committee.</p> <p>The Charity established a monthly working group in May 2024, Chaired by Karen Kelly.</p> <ul style="list-style-type: none"> • We obtained both Mitie/Summit to contribute £30k each towards the project. • An application process was created with a set of criteria. We had 37 applications in total. • Every space was reviewed and visited by charity, wellbeing, and estates team. • The applications were judged against the set criteria. A longlist of 16 rooms were finalised with feedback from Executive Directors. • Unsuccessful applicants were notified, alongside those that had sufficient charitable funds. • From the longlist, a shortlist of 8 rooms were chosen with feedback from the Chair and other Directors. All 8 rooms were viewed by our estates team and Mitie. • Mitie provided costs from contractors. Suppliers for furniture and wall art viewed all the spaces and they provided quotes. • The first 4 rooms plus 1 (B1, B5, C1 & C5) that will use its charitable funds were added to phase 1 of the project. • All 5 spaces are now almost complete apart from ED seminar room due to RACC. • Launch of spaces to be arranged. • Phase 2 Rooms which include (Pharmacy, MECU and SDEC) now in motion to be updated. 	
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	<div></div> <p>As part of the nutrition and hydration workstream, additional options for hot foot are being scoped.</p>																																																													
Efficiency and resources	<p>Safer Staffing A safer staffing review had taken place during January-February 2025 in line with national guidance, with recommendations for individual clinical areas from an establishment and skill mix perspective. The review concluded that safer staffing establishments within the assessed areas were in a positive position to maintain the provision and delivery of safe, effective, high-quality care. No serious concerns pertaining to quality and safety were identified by the Divisional Chief Nurses based on current establishments. However, based on professional judgement and triangulation of quality metrics and acuity, some clinical areas felt additional staffing or change of skill mix could enhance care and experience in those areas. QIAs were undertaken to assure mitigations were in place and no impact on quality.</p> <p>Recruitment Medical staff resource has increased year on year for the last 5 years both in budget terms and contracted staff.</p> <p>Budgeted WTE</p> <table><tr><td>Medical Staffing Group</td><td>2020/21</td><td>2021/22</td><td>2022/23</td><td>2023/24</td><td>2024/25</td></tr><tr><td>Consultant</td><td>248.46</td><td>258.28</td><td>265.23</td><td>291.17</td><td>295.35</td></tr><tr><td>Career</td><td>132.32</td><td>153.59</td><td>165.09</td><td>173.37</td><td>210.92</td></tr><tr><td>Trainee</td><td>225.80</td><td>264.67</td><td>276.04</td><td>282.04</td><td>328.90</td></tr><tr><td>Total</td><td>606.58</td><td>676.54</td><td>706.36</td><td>746.58</td><td>835.17</td></tr></table> <p>Actual Contracted WTE</p> <table><tr><td>Medical Staffing Group</td><td>2020/21</td><td>2021/22</td><td>2022/23</td><td>2023/24</td><td>2024/25</td></tr><tr><td>Consultant</td><td>238.00</td><td>244.00</td><td>248.89</td><td>266.82</td><td>280.90</td></tr><tr><td>Career</td><td>133.00</td><td>132.00</td><td>196.38</td><td>195.22</td><td>217.18</td></tr><tr><td>Trainee</td><td>258.00</td><td>273.00</td><td>280.34</td><td>300.01</td><td>299.90</td></tr><tr><td>Total</td><td>629.00</td><td>649.00</td><td>725.61</td><td>762.05</td><td>797.98</td></tr></table>	Medical Staffing Group	2020/21	2021/22	2022/23	2023/24	2024/25	Consultant	248.46	258.28	265.23	291.17	295.35	Career	132.32	153.59	165.09	173.37	210.92	Trainee	225.80	264.67	276.04	282.04	328.90	Total	606.58	676.54	706.36	746.58	835.17	Medical Staffing Group	2020/21	2021/22	2022/23	2023/24	2024/25	Consultant	238.00	244.00	248.89	266.82	280.90	Career	133.00	132.00	196.38	195.22	217.18	Trainee	258.00	273.00	280.34	300.01	299.90	Total	629.00	649.00	725.61	762.05	797.98	<div><div>1. Reviewing areas such as OPD, SDEC and District Nursing.</div><div>2. Will continue undertaking twice per year safer staffing reviews in line with the ICB across the region.</div><div>3. Out of hours teams to complete mental health first aid and wellbeing champion training.</div></div>
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	<p>Both nursing and medical staff groups have seen successful overseas recruitment and training schemes to increase the substantive workforce in the Trust.</p> <p>Out of Hours support Staff working out of hours are supported by a rota of resident medical staff, critical care outreach and Hospital at Night Advanced Care Practitioners. As of April 2025, every shift includes a non-medical prescriber, reducing the time tasks are completed, in turn reducing staff anxiety in relation to patient need.</p>	
Meaning in work	<p>Involvement in research and education The Trust actively encourages participation in research, education and innovation activities and has recently been awarded University Hospital Status which will strengthen the opportunities further. Over 90 PAs of Consultant time is allocated to Education activities with a further 10 PAs for Research activity evident in job plans.</p> <p>Clinical Leaders Development Sessions Since September 2024 the Trust has been running monthly 'skills' sessions for clinical leaders from all professions. Topics covered include NHS finance, business cases, managing professional concerns, risk management, providing assurance and collaboration.</p> <p>CD development A CD development programme commenced in March 2025. The programme is being delivered as quarterly half day sessions. The next session scheduled for 01 July focuses on Workforce Planning.</p> <p>Chief Nurse Fellowship This is a year-long programme offered to all NHS professions. With a focus on supporting individuals through a journey of improvement whilst being mentored by senior staff as they progress through their journey. At the end of 12 months they present their project and highlight their achievements and areas they overcome along the way. Finally, they are presented an award by the Chief Nurse.</p> <p>Chief Registrar The Trust has successfully recruited Chief Registrars for the last 5 years. In 2025/26 two Deanery Resident Doctors will take up post.</p>	<ol style="list-style-type: none"> 1. Strengthen opportunities for Nursing and AHP colleagues to participate in research and innovation work. 2. CNO Fellowship will continue to support our teams whilst promoting a focus of improvement and facilitation. Developing their leadership qualities and skills. 3. Roll out development programme akin to the CD programme to CSLs and Matrons.

Culture and Values

The Trust has a clear statement relating to culture, underpinned by a behavioural framework. The Trust has committed this year, as strategic priority, to embed a culture of anti-bullying and anti-discrimination. The new policy was launched in March 2025 and training commenced in June 2025.



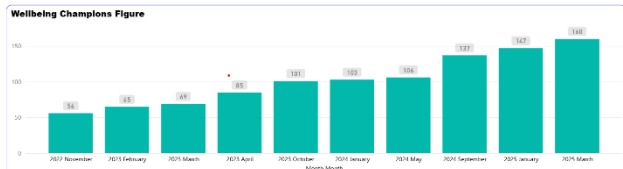

Support to Resident Doctors

To ensure that our resident doctors have access to the right support, we have appointed Dr Richard Alleyne, as our Wellbeing Champion. Dr Alleyne plays a pivotal role in providing tailored wellbeing advice and, where necessary, makes direct referrals to additional support services. Dr Alleyne proactively organises 1:1 wellbeing meeting, with all FY1s and FY2s. Over a 12-month period, approximately 230 appointments are offered. Resident doctors are not required to attend these meetings and as a result the attendance rate is approximately 70%.

Every 6 weeks, there are group meetings in the Doctors' Mess, where food is provided and a talk is given on subjects such as 'peer support', 'reflective practice', or 'work life balance'. The attendance is variable but, on average, between 30-40 doctors attend each session. For the past 2 years, the 'Thriving in Medicine' education programme has been delivered to FY1s and FY2s. These sessions are very practical and cover the topics of 'being human' (looking at practical human needs such as how to sleep when doing night shifts, how to leave work on time), 'being carers' (looking at compassion, care, the reasons we are doctors) and 'being together' (looking at team work, peer support, how to make a positive difference to the work environment). This course is run collaboratively in Dudley,

1. Opportunity to deliver wellbeing best practice across all professions.
2. Analysis of GREATix submission free text to identify examples of best practice

	<p>Walsall, Sandwell and Wolverhampton, meaning that any FYs rotating will all have a consistent message about wellbeing.</p> <p>Medical Engagement The Consultant workforce participated in a regular Medical Engagement Score between 2018-2022. The results showed a year on year increase in levels of engagement.</p> <p>GREATix GREATix is in use across the organisation, with 946 submissions between September 2024 - June 2025, an average of 95 per month. 25% of submissions were due to staff 'Going Above and Beyond'.</p>	
Control and Flexibility	<p>Self-rostering Staff are encouraged to use the system to self-roster and request leave. Enabling planning for home commitments and work life balance.</p> <p>The use of SafeCare, whilst not consistently used, allows for transfer of staff across divisions to meet demand based on acuity.</p> <p>Shaping your future There is a whole programme of work relating to staff retention. Shaping Your Future - Flexible working</p> <p>Transfer window The Trust has a well-established transfer programme for nursing colleagues. The transfer window will be re-launched in a new format in September 2025 as a new "Looking to Transfer" process utilising a transfer/talent pool.</p> <p>Flexible working options The Trust has an increased focus on offering flexible working to all employees from day 1. Shaping Your Future - Flexible working</p> <p>Resilience training A new offer has been developed focusing on resilience with the aim 'To consider how we face challenging times and what we can do to better support ourselves when dealing with the day-to-day challenges of work and home life, alongside bigger challenges we face.' Organisational Development - Resilience</p> <p>Access to development and learning</p>	<p>1. Publicise 'Looking to transfer' opportunity during Q2.</p>

	<p>There is an extensive programme of development available to all staff - through the internal development programmes and wider offers available through the Development Prospectus. There remains an ongoing focus on all leaders and managers completing Managers Essentials as foundation practice.</p>																							
<p>Social Support and Community at work</p>	<p>Staff Networks</p> <p>The Trust has a vibrant and varied staff network offering as part of the wider equality, diversity and inclusion strategy implementation.</p> <p>Professional Nurse Advocates</p> <p>Professional Advocates are nursing/midwifery/AHPs who, through leadership and clinical supervision, are enabling colleagues to continuously improve the care they provide to patients and their families, as well as to protect their own and their colleague's health and wellbeing.</p> <p>Wellbeing Champions</p> <p>There is a growing number of wellbeing champions within the Trust to support colleagues with a significant increase noted over the last 12 months. There are now 140 wellbeing champions in the Trust.</p> <div><p>Wellbeing Champions Figure</p><table><thead><tr><th>Month</th><th>Number of Champions</th></tr></thead><tbody><tr><td>2017 November</td><td>134</td></tr><tr><td>2018 February</td><td>135</td></tr><tr><td>2018 March</td><td>135</td></tr><tr><td>2018 April</td><td>137</td></tr><tr><td>2018 October</td><td>138</td></tr><tr><td>2019 January</td><td>138</td></tr><tr><td>2019 May</td><td>139</td></tr><tr><td>2019 September</td><td>142</td></tr><tr><td>2019 January</td><td>147</td></tr><tr><td>2019 March</td><td>148</td></tr></tbody></table></div> <p>Charity events/programme</p> <p>The Trust Charity offers multiple opportunities throughout the year for teams to socialise and raise vital funds for initiatives not normally funded by the NHS. Examples include sporting fixtures, evening events and ward based tea parties.</p> <div></div>	Month	Number of Champions	2017 November	134	2018 February	135	2018 March	135	2018 April	137	2018 October	138	2019 January	138	2019 May	139	2019 September	142	2019 January	147	2019 March	148	
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<p>Work life integration</p>	<p>The Trust is encouraging flexible working discussions during the current appraisal window. A comprehensive toolkit for staff and managers unpins this approach</p> <p>Shaping Your Future - Flexible working</p>																							

	flexible-working-toolkit-for-individuals.pdf	
	There is an active retire and return approach across the Trust.	

5.0 Challenges

5.1 This paper summarises the varied and comprehensive work programme that is being delivered to improve the health and wellbeing of our staff. This work is not isolated to the winter period and is a core function of teams within the organisation. The work being undertaken is complex and multifaceted with a distinct movement from tokens of appreciation to meaningful training in wellbeing and underlying principles of making work meaningful. Short-term interventions are welcomed by staff but need to be linked to visible change that is continual and co-developed.

5.2 Despite these efforts, it should be acknowledged that there is a significant risk to this work given the financial challenge faced by the system. The reduction in workforce is particularly challenging for staff to appreciate, and there is anecdotal evidence of staff being unsettled with resultant impact on their morale. The conflict of encouraging flexible working without the ability to create and recruit to new roles is a concern for staff across all professional groups.

5.3 It is clear from the evidence base that conditions of autonomy/control, belonging and workload are essential to staff wellbeing. We acknowledge that conditions can be compromised through grip and control, oversight of performance targets on activity, and increased operational demand at times of extreme operational pressures. Financial grip and control reduce autonomy and decision-making with workforce reductions increasing perceptions of and actual pressure working with a reduced workforce.

5.4 The National Quality Board recently issued a statement emphasising the importance of every organisation maintaining and improving the quality of care by ensuring it meets the fundamental standards of quality during this challenging period, which clearly workforce is a critical component of this. More details can be found on the following link: [NHS England » National Quality Board position statement: remaining focused on quality in times of change and financial challenge](#).

6.0 Summary and Recommendations

We have previously reported assurance around the impact on quality and safety over the winter and staff should be commended for maintaining these areas during the winter period. The overarching aim of this paper was to highlight the impact of sustained pressure on our teams but more importantly crystallise a plan for maximising the support we offer as a leadership team moving forwards. This paper has highlighted the significant work already being undertaken to improve wellbeing, as well as work to address staffing and workload. Assurance can be taken from the work being undertaken against the published best practice.

We acknowledge the complexities of the financial situation on staff wellbeing and morale and strive to ensure that the plans laid out in this paper to build on existing work will support the delivery of our strategic aim to be a brilliant place to work.

It is our recommendation that future winter planning session includes a chapter on staff support and the suggested actions in this paper are monitored via existing forums such as the Health and Wellbeing Steering Group or Being a Brilliant Place to Work and Thrive Group.

References

Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, Peters D, Hodkinson A, Riley R, Esmail A. JAMA Intern Med. 2018 Oct 1;178(10):1317-1331. doi: 10.1001/jamainternmed.2018.3713. PMID: 30193239

Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Shanafelt TD, Noseworthy JH. Mayo Clin Proc. 2017 Jan;92(1):129-146. doi: 10.1016/j.mayocp.2016.10.004. Epub 2016 Nov 18. PMID: 27871627

Burnout, well-being and defensive medical practice among obstetricians and gynaecologists in the UK: cross-sectional survey study. Bourne T, Shah H, Falconieri N, Timmerman D, Lees C, Wright A, Lumsden MA, Regan L, Van Calster B. BMJ Open. 2019 Nov 25;9(11):e030968. doi: 10.1136/bmjopen-2019-030968. PMID: 31767585

West and Coia, Caring for Doctors, Caring for Patients, GMC

Paper for submission to the Public Board of Directors on 10th July 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 May 2025 (March/ April 2025 for Cancer and VTE).

The following supporting statutory reports are enclosed in the Board reading room, which have been discussed in detail by the Quality Committee:

- Annual safeguarding report.
- Annual complex vulnerabilities report.
- Annual complaints report.
- Annual patient experience report.

Assure

Quality:

Complaints and Patient Experience (PE): Overall, 82% of respondents have rated their experience of Trust services as 'very good/good' in May 2025, a small decline since April 2025 (83%). The Trust received 108 new complaints in May 2025 compared to 88 for April 2025. Of the 108 complaints received, all were acknowledged within 3 working days. The main theme for complaints for May was 'patient care'. Complaints responsiveness report and improvement plan was presented and debated at Quality Committee in June to provide assurances. The Committee acknowledged the ongoing efforts of the team to improve our complaint responsiveness. In addition, they acknowledged that the locally set target of responding to all complaints within 30 days is very aspirational and that the new wider data set provided in the integrated quality report pack is helpful to understand the wider context. Proposed further actions were noted by the Committee.

The Complaints Annual Report 24/25 was approved at the Annual Quality Committee meeting. The team have closed 1118 complaints with all new complaints acknowledged within 3 working days. 47% of complaints received a response within 30 days. No complaints were formally investigated by the LGO during the year. Continuing yearly increase of the number of PALS concerns and complaints were received, at the same time as 47,000 more patient activity. With the increase in the number of complaints each month, the average has increased resulting in management of backlog and closing complaints more challenging due to staffing capacity. Mitigations are in place including improving escalation process, bespoke training for staff, improvement review, implemented After Action Review, and informal approach via PALS to address concerns.

Patient Experience Annual Report 24/25 was approved at the Annual Quality Committee meeting. A significant amount of work has taken place to support staff and patients to improve the experience of patients via various methods of engagement across the Trust. There has been 56, 518 Friends and Family feedback gathered.

Safeguarding and complex vulnerabilities: Both annual reports were approved at the Annual Quality Committee meeting, recognising the wide breath of complex agendas overseen and managed by the team. Safeguarding team successes include improved partnership working, governance process and staff recognition and response to safeguarding. It was noted that training challenges required improvement and engagement from staff, around domestic abuse recognition and response, and complexity of cases. The team will continue to focus on visibility, domestic abuse, management of complex cases, develop “Think Family” approach, and partnership with Primary Care. The mental health agenda remained complex, with an increase in MH patient attendances. The Trust has continued to further strengthen and embed its compliance with Mental Health Act requirements.

In terms of Mental Health (adults and CYP), there has been 1 patient detained to DGFT on a section 3 due to dual physical and mental health needs. 1 patient was detained on a section 5(2) during May 2025. There have been no patients liable to be detained on a section 2 or section 3. ED had 1 patient liable to be detained on a section 3. There has been 1 patient recorded as having visited the acute hospital on section 17 leave. There has been 8 section 136 in ED which is an increase from April. One of these was CYP. In terms of informal activity, there were 14 patients in ED who were awaiting a bed in a MH hospital as an informal patient. 33 children with mental health concerns attended the Trust in May, of which, 18 CYPs were reviewed within Paediatric ED and discharged. The remaining 15 were admitted to C2 (14) or AMU (1). There was 1 CYP that attended Paediatric ED who was under a section 136 and was discharged home following an MHA assessment.

Pressure Ulcers (PUs): There has been a decrease in Trust acquired pressure ulcers, May saw 152 incidents in comparison to 170 in April. In-patient ward areas reported 81 PUs which could be linked to the long patient stays on ambulances and or on trolleys in ED. Informatics are exploring how we can triangulate the data between acquired inpatient pressures ulcers versus how many patients were long stays in ED. Community reported 71 PUs. Of the 152 incidents reported, 42 resulted in a SIT investigation. Of the 42 incidents, 30 were deemed no harm and 12 deemed low harm.

Performance:

Emergency Performance: In May ED 4-hour performance was at 79.11% vs the national target of 78%.

Cancer Performance: 28 day Faster Diagnostic Standard (FDS), 31 Day combined, and 62 Day combined national targets all achieved in April. The 28 day Faster Diagnostic Standard (FDS) achieved 84.6% against constitutional standard of 80%, 31 Day combined achieved 96.6% against national target of 96% and 62 Day combined achieved 76.4% and remains above national target of 75%.

DM01 Performance: May DM01 performance achieved 84.1%. Target is to report zero 13-week breaches and 95% of patients to be seen within 6 weeks.

Elective Restoration & Recovery: Excellent performance against the 18-week standard – close to achieving year-end target. Participation in NHSE validation sprint – recognised for high performance.

Advise

Quality:

Safe staffing: The planned versus actual nursing and midwifery staffing levels continue to be provided in the data pack and the established dynamic assessment of staffing levels remains part of the daily operational agenda. Safe staffing escalation is in place and managed via the Divisions, with any significant concerns escalated to the Chief Nurse. In June, the Trust has completed a self-

assessment against the Developing Workforce Safeguards for nursing, midwifery and AHPs and has a gap analysis plan in place. Good compliance overall can be reported, with further work required with regards to Quality Impact Assessments and formal escalation processes. The self-assessment has been submitted to NHS England and Integrated Care System who are currently undertaking an assurance exercise.

There has been an increase in midwifery vacancies (registered midwives=14 WTE and Midwifery Support Workers=9.6 WTE as of June). Reasons include some internationally recruited staff relocating, retirements, reductions of hours post maternity leave, some Band 5 midwives moving outside of the system following their preceptorship. All midwifery vacancies have been recruited to, the majority starting during September/October. 3.8 WTE of MSWs have been recruited with further recruitment planned. The Community Midwifery team have been specifically challenged, with mitigations and additional support being provided.

Infection Prevention and Control (IPC): The Trust has now received the thresholds for 2025/2026 for reportable HCAs from NHSE on HOHA and COHA cases. In May, the Trust reported 2 HOHA and 5 COHA CDIs, 4 HOHA and 2 COHA E Coli, 1 HOHA and 1 COHA Klebsiella, 1 HOHA and 1 COHA Pseudomonas, 3 HOHA and 1 COHA MSSA and 0 MRSA BSIs. In line with the PSIRF agenda, the IPC team carry out post infection reviews on all HOHA cases and identify common themes and learning outcomes. Due to the Trust exceeding the thresholds for 24/25, the IPC team are developing a BSI improvement plan for 25/26 to run alongside the CDI improvement plan. The Trust reported 1 Norovirus outbreak and 0 Covid-19 outbreaks in May. Hand hygiene compliance was <94% across Trust. Q1 25/26 initiative is to focus on effective hand hygiene while reducing glove use.

Gold Standards Framework (GSF): The target for identification of patients for GSF (Green/Amber/Red) is currently set at 20%, as a Trust we have seen a decrease to 15% in March. During the migration to the new flowsheets, we are now validating the data and are not currently able to report on April 2025 metrics. Once the data is validated, this will be provided retrospectively. The team is meeting weekly with the data analyst. All configuration issues are being resolved.

Vital Signs Compliance: The overall Trust compliance for observations (vital signs) completed on time demonstrates an increase in compliance to 55.68% in May. A T&F group has been established with 4 wards areas across medicine and surgery to better understand the problems and solutions, to enable an improvement plan. Areas affecting compliance are, culture, observation rounds, writing on paper rather than directly on the computer, not changing the frequency to 8hrly/ 12hrly observations, when clinically stable to do so due to a lack of confidence and no feature to mark patients off the ward that are in theatre, having off ward investigations or receiving treatment in another hospital. The T&F group are working closely with IT and the digital team to look at how we can work around this. We are developing a Let's get 'Ob-Sessed' campaign due to start in July to raise the profile of the importance and back-to-basic training and top tips.

Important national publications: The National Quality Board recently issued a statement emphasising the importance of every organisation maintaining and improving the quality of care by ensuring it meets the fundamental standards of quality during this challenging period, which clearly workforce is a critical component of this. More details can be found on the following link: [NHS England » National Quality Board position statement: remaining focused on quality in times of change and financial challenge](#)

Performance:

ED Triage: May's Overall Triage position is 81.32% 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 10,129 attendances. This has increased when compared to the previous month of April with 9,541. 21 out of the 31 days saw >350 patients. 3,088 patients arrived by ambulance; this shows a decrease from the 3,122 ambulances that attended last month. 356 of these offloads took <1hr (12%). This is a decrease in our performance when compared with last month's performance of 16%.

Cancer (Data to March): 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 revised March 2026 targets for 28-day FDS and 62-day are 80% and 75% respectively.

DM01: Diagnostic activity plan for 2025//26 submitted to ICB and NHSE for monitoring.

Elective Restoration & Recovery: Trajectory for 52-week performance revised to extend delivery to end of quarter 2. May position forecast to be 30 behind plan, with recovery forecast in June. Mitigation plans in place for high-risk specialties.

Alert

Quality:

Temporary Escalation Space (TES) Incidents: The number of reported TES utilisation incidents has increased in May slightly to (23), when compared to previous month (21). Since January, there continues to be an upward trend in TES utilisation related incident reporting. Most incidents reported in May were related to TES spaces opened in corridors, Trust-wide (60.8%) and ED (26.1%). The increased utilisation of TES is due to the reduction of patient discharges resulting in lack of flow through ED and adherence to West Midlands Ambulance Service (WMAS) offload times. There has been an increase in compliance of the TES risk assessments being completed and updated onto Datix. The Standard Operating Procedure (SOP) for the TES areas now includes corridors and has been submitted for ratification. Post NHSE visit in April 2025, the use of ED corridor was advised to be utilised to decrease ambulance handover delays. Informatics are creating a report to show all patients with location of TES, ED corridor and holding beds on ward areas with time stamps, to enable accurate data and LOS of patients held in temporary areas. AMaT audits have been developed for TES areas to monitor quality and safety. In June 2025, the Trust was informed by the regional NHSE team that the TES data would be made public. Operational colleagues are working on providing this data to the region and ensure it is accurate.

Safeguarding: There has been an increase in safeguarding referrals for children, this is due to an increase in mental health attendances which are more complex in presentation, increase in physical abuse cases including peer on peer abuse and children being at risk due to parental factors. Adult safeguarding referrals have remained similar to April, with a slight decrease. There has been no S42 enquires. There were 5 missed safeguarding referrals of children, the safeguarding team are working with ED to do some targeted training around missed opportunities. Safeguarding children level 3 training is at 70% trust wide, which is of concern particularly in areas such as Maternity, Paediatric medical staff and O&G medical staff. This has been escalated to the Division and a plan has been requested to be submitted to the safeguarding team by 20/6/25.

Performance

Elective Restoration & Recovery: One 65-week breach in April due to sickness absence of surgeon required to undertake complex endometriosis service. Pathway resolved in May. Continued pressure on this service due to ongoing absence. Mutual aid requested locally and nationally.

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 – May. Quality Committee – June. Public Trust Board – July.

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 Trust Board, 10 July 2025

Report Title	7 Day Service Standards Deep Dive
Sponsoring Executive	Dr Paul Hudson, Operational Medical Director
Presenters	Dr Julian Hobbs and Karen Kelly
Report Author	Dr Paul Hudson, Operational Medical Director

1. Summary of key issues

Assure

- The 7 Day Service (7DS) programmes aim is to provide a standard of Consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. Until 2020 the Trust was required to complete a Board Assurance Framework return to NHS England. This paper reports compliance against all standards and provides assurance that services are in place to meet the required standards.
- Ensuring 7 day services is operated across the base wards delivering face to face ward rounds ensuring daily reviews in order to reduce length of Stay for our most vulnerable patients. This will allow flow through the bed base and improve discharge rates. This action also relates to the Non Elective workflows and winter plan. Linked also to improved patient experience and improving patient survey results.
- Improving productivity links to non-elective pathways in the sense of job planning matching workloads and clinic availability of clinicians. Effective planning will reduce unit cost by reducing Waiting List initiatives needed by bringing in activity to normal planning.
- Job planning for the forthcoming year was initiated on 1st July with an away day for clinical directors and directorate managers. Data packs will be made available during the summer to support service planning with an expectation that this is completed by no later than the end of October. T
- The output from service planning using job plans will form the basis of our activity plan, working on the assumption that a multi-year plan will need to be completed by Christmas. This means that service planning using job plans must be completed by the end of October.
- The trust is participating in GIRFT's Further Faster programme and output from this will be used to standardise output expected from outpatient and theatre sessions, thereby contributing to the activity plan.
- The Board is asked to note the assurance provided against the standards and progress to embed 7 Day Service standards across the Trust.

Alert

- The Board is asked to support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards and the Trust audit programme to review the non-priority standards.

Advise

- The development of non-elective pathways will be a significant driver to developing 7-day services across the Trust.
- A Trust wide audit has been planned and detailed in this paper to assess all standards.

2. Alignment to our Vision

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

Improve health and wellbeing	X
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3. Report journey
Quality Committee, May 2025 Public Trust Board, July 2025

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note the assurance provided against the standards, progress to embed 7 Day Service standards across the Trust with assurance now received in Critical Care and Respiratory.
b) Support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards.

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

REPORTS FOR ASSURANCE

Report to Public Trust Board, July 2025

7 Day Service Standards Deep Dive

1 EXECUTIVE SUMMARY

The 7 Day Service (7DS) programmes aim is to provide a standard of consultant led care to patients presenting urgently or as an emergency to ensure outcomes are optimised and there is equity of access nationwide. Until 2020 the Trust was required to complete a Board Assurance Framework return to NHS England. This paper reports compliance against all standards and provides assurance that services are in place to meet the required standards.

The Board is asked to note the assurance provided against the standards and progress to embed 7 Day Service standards across the Trust.

The Board is asked to support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards and the Trust audit programme to review the non-priority standards.

The development of non-elective pathways will be a significant driver to developing 7-day services across the Trust

A Trust wide audit has been planned and detailed in this paper to assess all standards.

2 BACKGROUND INFORMATION

2.1 National BAF

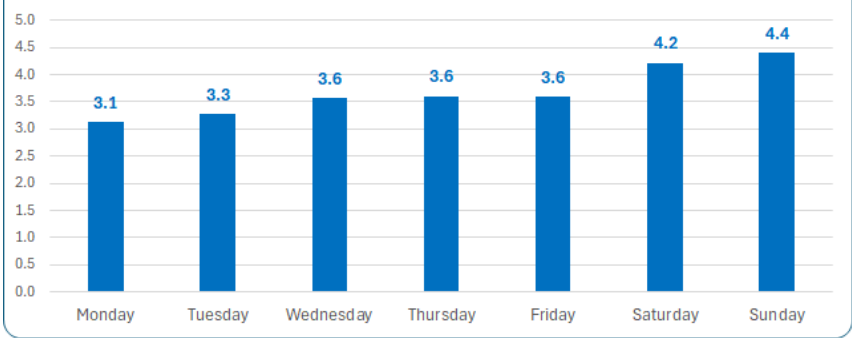
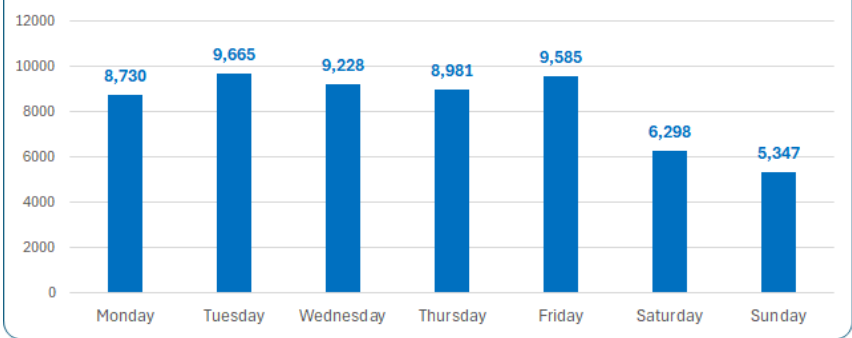
The 7DS was first introduced in 2013 by NHS Improvement as 10 standards, of which 4 were identified as clinical priorities in 2016 based on their potential to positively affect patient outcomes.

The 4 7DS programme prioritised clinical standards are:

- **Standard 2 and 8** relating to consultant presence (time to first review and ongoing daily review)
- **Standard 5 and 6** relating to access to diagnostics and consultant led interventions.





Full details of the standards are included at Appendix 1.


Reporting nationally was paused during the pandemic and is now measured via an Annual Board report considering the following 5 BAF standards and evidence;




BAF Standard	Self-Assessment and Evidence																
<p>The daily hospital sitrep shows once the lack of elective admissions is taken into account no significant variation in LOS associated with the day of the week patients are admitted.</p>	<div data-bbox="580 1037 1436 1422"> <p>Emergency Adult Length of Stay (days) by Day Admitted (2024/25)</p>  <table border="1"> <thead> <tr> <th>Day</th> <th>Length of Stay (days)</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>3.1</td> </tr> <tr> <td>Tuesday</td> <td>3.3</td> </tr> <tr> <td>Wednesday</td> <td>3.6</td> </tr> <tr> <td>Thursday</td> <td>3.6</td> </tr> <tr> <td>Friday</td> <td>3.6</td> </tr> <tr> <td>Saturday</td> <td>4.2</td> </tr> <tr> <td>Sunday</td> <td>4.4</td> </tr> </tbody> </table> </div> <p>Considering all emergency admissions, there is an increase in average length of stay for patients who are admitted on Saturday or Sunday.</p>	Day	Length of Stay (days)	Monday	3.1	Tuesday	3.3	Wednesday	3.6	Thursday	3.6	Friday	3.6	Saturday	4.2	Sunday	4.4
Day	Length of Stay (days)																
Monday	3.1																
Tuesday	3.3																
Wednesday	3.6																
Thursday	3.6																
Friday	3.6																
Saturday	4.2																
Sunday	4.4																
<p>Similarly, the daily hospital sitrep shows no significant variation in the number of discharges by day of the week.</p>	<div data-bbox="580 1547 1436 1933"> <p>Emergency Adult Discharges by Day Discharged (2024/25)</p>  <table border="1"> <thead> <tr> <th>Day</th> <th>Discharges</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>8,730</td> </tr> <tr> <td>Tuesday</td> <td>9,665</td> </tr> <tr> <td>Wednesday</td> <td>9,228</td> </tr> <tr> <td>Thursday</td> <td>8,981</td> </tr> <tr> <td>Friday</td> <td>9,585</td> </tr> <tr> <td>Saturday</td> <td>6,298</td> </tr> <tr> <td>Sunday</td> <td>5,347</td> </tr> </tbody> </table> </div> <p>Similarly, there is a notable reduction in the number of discharges over the weekend.</p>	Day	Discharges	Monday	8,730	Tuesday	9,665	Wednesday	9,228	Thursday	8,981	Friday	9,585	Saturday	6,298	Sunday	5,347
Day	Discharges																
Monday	8,730																
Tuesday	9,665																
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	<p>Both data sets provide a high-level Trust position, and it is recommended that this data is further explored by speciality as part of the non-elective workstream to understand if there are certain areas of the Trust where improvement work should be focused.</p> <p>A weekend discharge list has been implemented.</p>
Job plans for Consultants in all acute specialties provide scheduled on-site Consultant cover every day that reflects the demand for that specialty.	Assurance of these standards is now sought from the Trust job planning governance framework. This is reviewed via the Trust job planning cycle. In 2025, high level of assurance was provided across all specialties with a noted change in Diabetes and Endocrinology where job planned weekend ward rounds are included.
Compliant with Standard 5 regarding 24/7 access to these emergency diagnostic tests.	Compliant with Standard 5. Individual diagnostic test assurance available at Appendix 2. Compliance against Standard 5 is monitored and reported in real time via a Power BI report and via the Medical Directors dashboard.
Compliant with Standard 6 regarding 24/7 access to these emergency Consultant-led interventions.	Complaint with Standard 6. Individual interventions assurance available at Appendix 3.

2.2 7 Day Service Standards and Compliance

Standard	Assurance	RAG
Standard 1: Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, 7 days a week.	The Trust participated in the Shared Decision Making CQUIN in 23/24 where an average score of 89% was achieved, in line with the national average. The Trust rolled out e-consent in March 2024 to improve our consent process so that the Trust meets the National standards for obtaining patient's consent as well as supporting patient decision making about their treatment. This will allow the Trust to facilitate 2 stage consent, remove the risk of paper consent being lost and further support consent for those lacking capacity, supporting the BRAN framework and shared decision making.	
Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable Consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	The Trust has a strong assurance in relation to the 14-hour review standard due to the continual review model in Acute Medicine. In addition, acute physician's work within the Emergency Department daily. This was evidenced in job plans from the last planning round. 7-day Consultant cover was documented in Consultant plans (see Standard 8).	
Standard 3: All emergency inpatients must be assessed for complex or ongoing needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the Responsible Consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.	As identified in Standard 2, the Trust has 7-day Consultant presence complimented by a Registrar level rota. Physiotherapy and Occupational Therapy services provide cover to AMU, ED, Respiratory, Surgery, Stroke and Orthopaedics 7 days per week. An on-call service for respiratory patients runs between 4pm-8am. In addition, the Trust has discharge and pharmacy support 7 days per week. Next Steps: The timeliness of this standard will be assessed in the Trust wide audit planned included as Appendix 5. Discharge pathway transformation programme to consider Standard 3.	
Standard 4: Handovers must be led by a competent senior decision-maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across 7 days of the week.	There is a Medical Trust handover that occurs twice a day at 9am and 9pm. The handover is led by the medical registrar on-duty and supported by the medical Consultant on-call at 9am. Each handover is attended by the Hospital at Night team or Deteriorating Patient team and an attendance log kept. The handover utilises the deteriorating patient dashboard to facilitate the discussion. Local handovers are undertaken in several speciality areas including; Obstetrics and Gynaecology Handover in Obstetrics SOP v1.0.pdf Critical Care RHH Critical Care	

	<p>General Surgery Vascular Surgery</p> <p>The improvement of handover in the Trust is included in the Quality and Safety Delivery Plan with 3-year actions as detailed below. An electronic handover has been implemented for medical handover.</p> <table><tr><th colspan="2"></th></tr><tr><td>Year 1: 2025/26</td><td><p>Structured handover led by competent senior decision maker, documented electronically.</p><p>The Trust will implement an electronic handover process with accompanying SOP detailing roles and responsibilities by April 2026</p></td></tr><tr><td>Year 2: 2026/27</td><td><p>System of prioritisation of patients based on data.</p><p>The Trust will develop a process for prioritising patients discussed at handover using various clinical data sets by April 2027</p></td></tr><tr><td>Year 3: 2027/28</td><td><p>Composite trust wide view of acuity levels and handover in place.</p><p>The Trust will develop an electronic system to provide oversight of acuity levels in the Trust at a given time by April 2028</p></td></tr></table> <p>Next steps: Handover audit to be completed as detailed at Appendix 6</p>			Year 1: 2025/26	<p>Structured handover led by competent senior decision maker, documented electronically.</p> <p>The Trust will implement an electronic handover process with accompanying SOP detailing roles and responsibilities by April 2026</p>	Year 2: 2026/27	<p>System of prioritisation of patients based on data.</p> <p>The Trust will develop a process for prioritising patients discussed at handover using various clinical data sets by April 2027</p>	Year 3: 2027/28	<p>Composite trust wide view of acuity levels and handover in place.</p> <p>The Trust will develop an electronic system to provide oversight of acuity levels in the Trust at a given time by April 2028</p>	
Year 1: 2025/26	<p>Structured handover led by competent senior decision maker, documented electronically.</p> <p>The Trust will implement an electronic handover process with accompanying SOP detailing roles and responsibilities by April 2026</p>									
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Year 3: 2027/28	<p>Composite trust wide view of acuity levels and handover in place.</p> <p>The Trust will develop an electronic system to provide oversight of acuity levels in the Trust at a given time by April 2028</p>									
<p>Standard 5: Hospital inpatients must have scheduled 7-day access to diagnostic services; typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available 7 days a week.</p>	<p>There is emergency and urgent access to CT, MRI and Ultrasound based on the critical (1 hr) and urgent (12 hr) TAT. A full compliance is detailed at Appendix 2.</p> <p>Whilst overall compliance has been achieved for Standard 5, as detailed in Appendix 4, further work is required for compliance against all modalities specifically CT and MRI as significant challenges remain. Due to staffing and skill mix, MRI scans are not available overnight with an SLA in place with UHB for transfer of patients requiring emergency neurological imaging.</p> <p>A 7-day Consultant on-call service is provided by endoscopy procedures and is evident in gastroenterology Consultant job plans.</p>									

	<p>Consultant Microbiology workforce provides 24/7; 365 service via a duty microbiologist rota which is available via switchboard and directly accesses a Consultant at any time. This service also delivers the Health and Social Care Act requirement to have 24/7; 365 infection control advice as the IPC nursing team currently work only within the core working week; all other advice provided out of hours and weekends is provided by the Microbiology Consultant workforce.</p>	
<p>Standard 6: Hospital inpatients must have timely 24-hour access, 7 days a week, to key Consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be: • Critical care • Interventional radiology • Interventional endoscopy • Emergency general surgery • Emergency renal replacement therapy • Urgent radiotherapy • Stroke thrombolysis and thrombectomy • Percutaneous Coronary Intervention • Cardiac pacing (either temporary via internal wire or permanent).</p>	<p>The Trust has a Critical Care Unit supported by Critical Care outreach 24/7.</p> <p>There is emergency and urgent access to interventional radiology and CT for thrombolysis.</p> <p>A Consultant on-call model is in operation for Urgent Endoscopy requests 7 days per week.</p> <p>A Consultant on-call model is in operation for General and Vascular services.</p> <p>Dudley Consultants work on a shared rota with Royal Wolverhampton to provide coronary interventions.</p> <p>A full breakdown is included as Appendix 3.</p>	
<p>Standard 7: Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.</p>	<p>There is a Memorandum of Understanding for the delivery of a Mental Health Liaison Service within Black Country Acute Hospital Settings. Specific services for children and young people, adults and older adults are available 7 days per week as per the flow chart outlined at Mental Health - Home.</p>	
<p>Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a Consultant at least ONCE EVERY 24 HOURS, 7 days a week, unless it has been</p>	<p>Over 90% of Consultants had a signed off job plan in 2024/5 with speciality level consistency panels held during summer 2024. A key criteria for the panel was 7-day service compliance. Respiratory and Endocrinology had previously been highlighted as partially compliant.</p> <p>Endocrinology now have job planned activity for consultant ward rounds 7 days per week, having previously been reliant on additional sessions to provide the required cover. Respiratory are partially compliant and were able to demonstrate job planned ward rounds at weekends. Discussions have been held to move to a consultant of the</p>	

determined that this would not affect the patient's care pathway.	week model; however, this would require investment and an increase in consultant numbers to prevent clinic displacement and other core services such as the lung cancer pathway.	
Standard 9: Support services, both in the hospital and in primary, community and mental health settings must be available 7 days a week to ensure that the next steps in the patient's care pathway, as determined by the daily Consultant-led review, can be taken.	<p>The Trust is supported by therapy, pharmacy, transport, and discharge support 7 days per week. A range of community services operate across the week, co-ordinated by the Dudley Clinical Hub. There is a significant piece of work underway to transform the Non-Elective Pathways in the Trust including the development of a 7-day Care Navigation Centre.</p> <p>Next steps: Discharge pathway transformation and development of CNC to be monitored via non-elective programme.</p>	
Standard 10: All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, 7 days a week.	<p>All specialities are expected to participate in Clinical Audit supported by Clinical Effectiveness colleagues and the AMaT system. In addition, AMaT is used to support the mortality review process and management of NICE guidance compliance.</p> <p>The Trust has a dedicated improvement team (Dudley Improvement Practice) and Patient Experience team who support specialist to respond to complaints and PALS concerns.</p> <p>In addition, teams are actively supported by the Patient Safety Team utilising the PSIRF model.</p> <p>As part of Job Planning Consistency panels time allocation for audit, education, research, and governance are considered.</p>	

2.3 Standard 2 (Endocrinology) update

It was previously noted that Diabetes and Endocrinology job plans showed no scheduled clinical sessions at weekends. Data from the 2022/23 Job Planning Consistency packs showed a small amount of scheduled time attributable to the General Medicine on-call rota. A Consultant of the Week model was in operation, however ward cover to ensure timely Consultant review at weekends was reliant on the Consultant workforce working additional sessions. A retrospective audit was undertaken in 2024 to assess against the 7-day service standards providing a significant level of assurance with 100% of patients being seen by a senior clinician within the standard.

Encouragingly, more recent job plans include scheduled Consultant of the Week rounds between 9am and 2pm on both Saturday and Sunday for the speciality. The chart below includes a contribution to the GIM on call rota as well as 1.3PA of cover on both weekend days.

Sum of Total PA		Day								
Specialty	Team	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	(blank)	Grand Total
Ambulatory	Dermatology	8.5	13.3751	10.4904	7.8939	11.1186			0.2857	51.6637
CORRE	Cardiology	16.9108	18.6424	16.9855	19.0439	13.0522	3.1852	3.1852	13.151	104.1562
	Diabetes & Endocrinology	9.5404	12.4937	10.5785	9.088	7.1618	2.5817	2.2166	4.0677	57.7284
	Renal	5.116	5.6348	5.4108	5.5066	4.7836	3.3972	2.6187	10.9455	43.4132
	Respiratory Medicine	14.2773	12.152	9.8273	15.3997	12.8528	2.476	2.476	32.3595	101.8206
CORRE Total		45.8445	48.9229	42.8021	49.0382	37.8504	11.6401	10.4965	60.5237	307.1184

2.4 Actions required

Action	Timeframe
Whole Trust Audits of all standards as detailed at Appendix 5	Q2 2025/6
Handover audit as detailed at Appendix 6	Q2 2025/6
Non-Elective Transformation Programme to consider 7-day service standards	Ongoing throughout 2025/6
Board Assurance Report	Due July 2025

3 RISKS AND MITIGATIONS

The BAF does allow that in Trusts where there are insufficient Consultant numbers to achieve compliance, e.g. Endocrinology, that the Executive Medical Director may grant a derogation to allow the inclusion of Specialty Doctors and doctors in higher specialist training at ST4 and above to provide some of the daily ward rounds.

4 RECOMMENDATION(S)

The Board is asked to note the assurance provided against the Standards, progress to embed 7 Day Service standards across the Trust.

The Board is asked to support the use of the Job Planning Governance Framework and Trust audit cycle to seek continual assurance on the standards and the Trust audit programme to review the non-priority standards.

The development of non-elective pathways will be a significant driver to developing 7-day services across the Trust.

Dr Paul Hudson
Operational Medical Director
13/5/2025

References

1. NHS England (2022) NHS England Board Assurance Framework
[B1231-board-assurance-framework-for-seven-day-hospital-services-08-feb-2022.pdf \(england.nhs.uk\)](#)

Appendices

Appendix 1: Seven Day Service Standards

[B1230-seven-day-services-clinical-standards-08-feb-2022.pdf \(england.nhs.uk\)](#)

Appendix 2: Compliance with Standard 5 regarding 24/7 access to these emergency diagnostic tests

Clinical Standard 5	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
					Yes	
Hospital inpatients must have scheduled 7 day access to diagnostic services typically ultrasound, computerised Tomography (CT) Magnetic Resonance Imaging (MRI), Echocardiography, Endoscopy, Microbiology. Consultant directed diagnostic tests and completed reporting will be available 7 days a week.	Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent needs , in the appropriate timescales.	Microbiology	Yes- available on site	Yes- available on site	Yes	Microbiology Lab
		computerised Tomography (CT)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Ultrasound	Yes mix of on site and off site by formal arrangement	Yes- available on site	Yes	Radiology Dept
		Echocardiography	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Upper GI Endoscopy	Yes- available on site	Yes- available on site	Yes	On call rotas available through switch

Appendix 3: Compliance with Standard 6 regarding 24/7 access to these emergency Consultant-led interventions

Clinical Standard 6	Self Assessment of performance		Weekday	Weekend	Standard met	Assurance provided
Hospital inpatients must have timely 24 hours access 7 days a week to key consultant directed interventions that meet the relevant specialty guidelines either on site or through formally agreed networked arrangements with clear written protocols	Do inpatients have 24 hour access to the following consultant directed interventions 7 days a week either on via a formal network arrangement.	Critical Care	Yes- available on site	Yes- available on site	Yes	Critical Care Dept
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Radiology Dept
		Interventional	Yes- available on site	Yes- available on site	Yes	On call rotas available
		Emergency Surgery	Yes- available on site	Yes- available on site	Yes	
		Emergency Renal Replacement Therapy	Yes- available on site	Yes- available on site	Yes	Renal Cons, Dialysis nurses and dialysis technician
		Urgent Radiotherapy	Not applicable to patients in this trust	Not applicable to patients in this trust	Yes	
		Stroke Thrombolysis	Yes- available on site	Yes mix of on site and off site by formal arrangement	Yes	
		Percutaneous Coronary Intervention (PCI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Yes	Staff operational rota
		Cardiac pacing	Yes- available on site	Yes- available on site	Yes	Staff operational rota

Appendix 4: Compliance with Standard 5 by modality

Turnaround Times - 7 Day Service Targets - % Met													Last Refresh : 14/05/2025 07:35
KPI Category	Urgency	Modality	Measure	Target	17/03/2025	24/03/2025	31/03/2025	07/04/2025	14/04/2025	21/04/2025	28/04/2025	05/05/2025	Total
ED	Critical	CT	Request to Verified	1	0.00%		0.00%			0.00%	0.00%		0.00%
		MRI	Request to Verified	1								0.00%	0.00%
	Urgent	CT	Request to Verified	12	95.80%	97.51%	98.62%	98.13%	98.46%	96.56%	99.66%	96.93%	97.74%
		MRI	Request to Verified	12	71.43%		28.57%	37.50%	14.29%	87.50%	62.50%	16.67%	43.86%
		Radiology	Request to Scan	12	99.74%	100.00%	99.59%	100.00%	99.60%	99.79%	99.66%	99.90%	99.78%
		Ultrasound	Request to Verified	12	100.00%	100.00%	50.00%	60.00%	62.50%	40.00%	40.00%	50.00%	60.53%
	Routine	CT	Request to Verified	24	71.43%	100.00%		100.00%	0.00%	66.67%	100.00%	100.00%	80.95%
		MRI	Request to Verified	24		100.00%	0.00%	0.00%	0.00%		100.00%		57.14%
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Ultrasound	Request to Verified	24				100.00%		0.00%	100.00%		66.67%
AMU	Urgent	CT	Request to Verified	12	71.43%	60.00%	66.67%	66.67%	69.57%	66.67%	50.00%	70.00%	65.00%
		MRI	Request to Verified	12	0.00%	33.33%	16.67%	0.00%	20.00%	33.33%	25.00%	0.00%	15.15%
		Radiology	Request to Scan	12	40.91%	43.75%	65.00%	70.00%	66.67%	66.67%	73.33%	57.14%	59.35%
		Ultrasound	Request to Verified	12	26.32%	0.00%	0.00%	0.00%	0.00%	7.69%	15.38%	11.11%	10.34%
	Routine	CT	Request to Verified	24	33.33%		80.00%	50.00%	33.33%	100.00%	0.00%	66.67%	55.00%
		MRI	Request to Verified	24	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%		0.00%
		Radiology	Request to Scan	24			0.00%	0.00%	100.00%		100.00%		83.33%
		Ultrasound	Request to Verified	24	50.00%	100.00%		0.00%	100.00%		100.00%		71.43%
	SDEC	CT	Request to Verified	12	77.14%	77.78%	75.00%	74.24%	71.67%	76.79%	68.25%	66.07%	73.47%
		MRI	Request to Verified	12	100.00%	100.00%		0.00%	0.00%	0.00%	50.00%	0.00%	31.25%
		Radiology	Request to Scan	12	100.00%	98.72%	100.00%	100.00%	100.00%	99.47%	100.00%	99.41%	99.67%
		Ultrasound	Request to Verified	12	30.43%	65.79%	63.89%	74.00%	56.14%	64.15%	81.82%	55.36%	61.05%
Inpatient	Urgent	CT	Request to Verified	24	63.64%	0.00%	50.00%	50.00%	63.64%	66.67%	33.33%	80.00%	55.77%
		MRI	Request to Verified	24			100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	86.67%
		Radiology	Request to Scan	24	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Ultrasound	Request to Verified	24	100.00%	100.00%	100.00%	88.89%	86.67%	100.00%	90.00%	80.00%	92.54%
	Routine	CT	Request to Verified	1	0.00%			33.33%	0.00%			0.00%	9.09%
		Ultrasound	Request to Verified	1		0.00%	100.00%						50.00%
		CT	Request to Verified	12	69.23%	73.89%	72.85%	80.23%	73.78%	78.32%	63.54%	71.53%	72.83%
		MRI	Request to Verified	12	56.25%	33.33%	26.92%	12.90%	18.75%	27.78%	41.67%	21.15%	28.04%
	Urgent	Radiology	Request to Scan	12	62.71%	59.42%	69.23%	73.28%	70.04%	66.96%	68.44%	69.79%	67.57%
		Ultrasound	Request to Verified	12	22.76%	20.69%	31.54%	29.27%	31.73%	24.27%	17.69%	22.31%	24.95%
	Routine	CT	Request to Verified	24	55.56%	70.21%	74.07%	58.70%	64.00%	85.19%	61.29%	70.73%	66.11%
		MRI	Request to Verified	24	18.18%	18.75%	31.43%	33.33%	22.58%	37.50%	15.38%	0.00%	23.01%
		Radiology	Request to Scan	24	69.35%	76.92%	79.63%	91.53%	80.36%	72.58%	79.66%	86.11%	79.09%
		Ultrasound	Request to Verified	24	59.62%	70.73%	51.85%	58.62%	73.91%	38.89%	80.49%	58.82%	61.84%

Week Commencing

17/03/2025

24/03/2025

31/03/2025

07/04/2025

14/04/2025

21/04/2025

28/04/2025

Latest Week

Performance by Modality and Target Hours

Modality	1	12	24	Total
CT	0.00%	85.13%	72.55%	83.72%
MRI	0.00%	17.57%	9.09%	15.46%
Radiology		95.38%	90.77%	95.17%
Ultrasound		32.11%	63.41%	37.66%

Appendix 5

[Proposed Trust wide audit tool](#)

Appendix 6

[Proposed handover audit tool](#)

Appendix 6

[Outcome for Consent](#)

Paper for submission to the Board of Directors on 10th July 2025

Report title:	Winter Plan 2025/26
Sponsoring executive/presenter	Karen Kelly, Chief Operating Officer
Report author:	Jack Richards, Deputy Chief Operating Officer All contributors listed within appendices

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

Assure

- Good degree of internal engagement in the preparation of the Winter Plan this year and a strong appetite to ensure that Quality, Safety and Performance are maintained successfully this season.
- Plans are on track to meet the NHS England deadline of Winter Plan's being fully signed off by the Trust Board and submitted by 25th July to allow for stress testing to take place in September.
- Winter planning meeting was held on site on 25th June 2025 bringing together the acute trust alongside social care, public health and the voluntary sector focusing not only the plan but how we can work closer together throughout the winter period to allow plans to be modified and flexed as needed to meet demand.
- The key expectations of the NHS England Urgent and Emergency Care Plan 2025/26 have been included within The Dudley Group (DGFT) plan.
- The actions contained within this winter plan aim to respond to increased unplanned care to ensure delivery of safe effective flow through the DGFT site.
- Clear governance and reporting arrangements are included in the plan to maintain and monitor the safety of our services.
- All mitigations will be subject to a full Quality Impact Assessment that will be shared with the Executive Team.

Advise

- The plan identifies that there is shortfall of 95 beds but including a buffer this means that DGFT needs to mitigate for 100 beds to deliver the winter demand. This plan identifies schemes and initiative to mitigate 101 beds. In addition there will be associated improvements in length of stay and the ability to ensure that patients access care in the right location, away from hospital where possible., i.e. admission avoidance that could deliver an additional 13 bed saving.
- Any additional beds that are opened in order to support the winter occupancy gap will incur costs and the requirement of bank staffing support. There is not currently any finance allocated for winter within the budgets set and the centre have highlighted that although there is capital money available for winter for a small number of projects nationally, no revenue funding has been made available.

Alert

- There is a parallel Workstream associated with the cost out programme which aims to reduce the overall bed base at DGFT. It is envisaged that these closures will assist with surge capacity needed for winter. There is a risk if this workstream cannot deliver closures that only the shift to community part of the plan will be successful and could result in unplanned surge areas being opened in a similar way to winter 24/25 impacting on overall flow.

- There is a reliance on the delivery of the non-elective productivity workstream to deliver in order to create space to surge in to over winter if required. If this scheme is not successful there will be an additional pressure on bed capacity of 32 beds.
- The scenarios are included in the plan with the impact outlined if mitigations not actioned.
- Financial modelling has taken place. If all mitigations are required from the beginning of October and remain throughout Winter there is a risk of £3.18m cost, whilst if demand is in line with the ICB modelling and can be stepped up and down promptly as required this will reduce to £2.34m.
- A risk register is being compiled in conjunction with the Emergency Preparedness, Resilience and Response (EPRR) team to monitor the risks outlined in this plan and this will be kept updated and any concerns reported in upward reports to Quality Committee and Finance and Productivity Committee.

The full winter plan document 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)	
Build innovative partnerships in Dudley and beyond	X
Improve health and wellbeing	X

3. Report journey

This report was discussed in draft at the Finance and Productivity Committee on 26th June 2025, changes and updates suggested there have been incorporated into the plan and it is now for presentation to the Executives via email for any further feedback before presentation to Board on the 10th July 2025.

4. Recommendation

The Private Trust Board are asked to:

- Acknowledge the progress made so far on the development of the plan
- To provide guidance on any aspects that it is felt need to be added in to the plan
- To provide guidance on any funding available to ensure the schemes outlined are robust

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	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:		

The Dudley Group NHS Foundation Trust

Winter Plan 2025/26

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1. Background and Winter 24/25 review

1.1 Background and learning

As previously highlighted in the paper to Board in March 2025 the winter period of 24/25 posed significant challenges to services, particularly Urgent and Emergency Care (UEC) manifesting as long Ambulance handover delays, prolonged 4 hour and 12 hour length of stay patients in the department for admitted pathways all exacerbated by high proportion of patient with no criteria to reside and overall poor discharge numbers daily.

To recap on the lessons highlighted in that paper which is included in Appendix 2:

- 1. Adherence to the organisational plan is important:** Continuing to work with a community focus
- 2. Plan according to and independently of ICB for winter pressures:** We are using data and information from last year to produce internal modelling alongside collaborative modelling with the ICB.
- 3. Build in Supersurge Capacity:** This is the reason for including a 'buffer' in our preparations this year.
- 4. Improve Clinical Engagement:** There has been wide, multi-professional and organisational involvement this year.
- 5. Focus on the Quality Impact:** The key performance indicators for monitoring of the plan this year include a focus on quality.

1.2 Performance

1.2.1 Urgent and Emergency Care 4 Hour Standard

Despite the significant pressure that the Trust was under, 4 hour performance was maintained for the non admitted what did we end year end in March with % pathways with performance significantly reduced for 4 hour performance for patients on admitted pathways. However DGFT ended the 24/25 year placed 1st of 23 providers in the Midlands region and 12 out of 122 national acute providers. As part of the achievement of improved performance the Trust was awarded £1m capital monies as the 9th most improved nationally.

The table below demonstrates the 4 hour performance at the Trust, during the winter months from October 2024 to end of March.

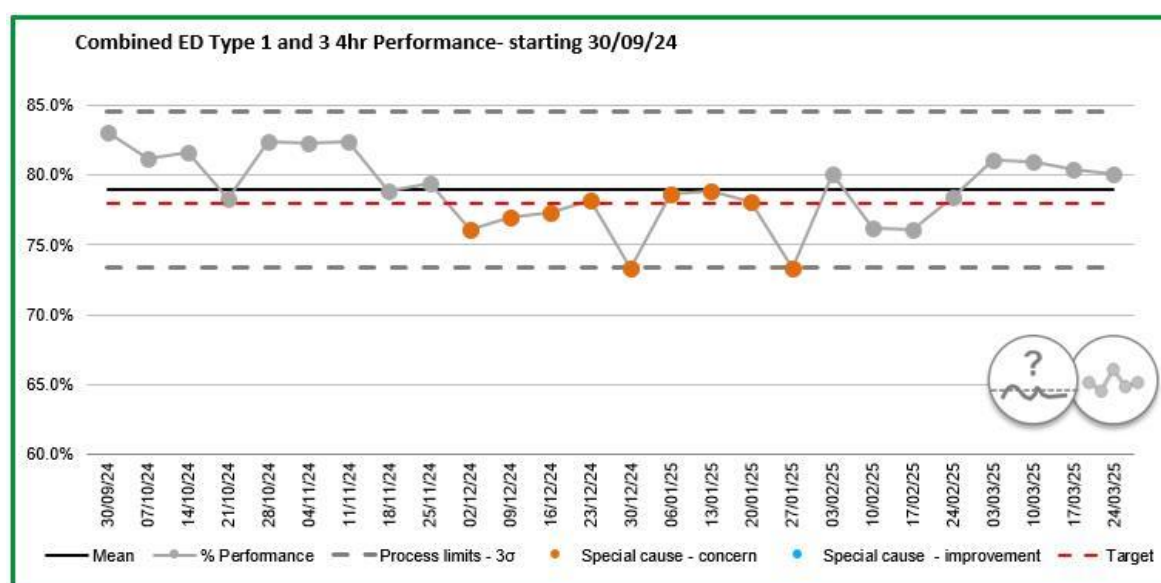


FIGURE 1 (ABOVE): 4 HOUR PERFORMANCE OVERALL WINTER 24/25

Non-admitted pathways support the performance and it is acknowledged that there is further work needed in admitted pathways, hence the mitigations contained within this plan to ensure patients are admitted to the bed base quicker in their journey. See figure 2 and 3 below demonstrating the variation between pathways and performance alongside our Black Country peers.

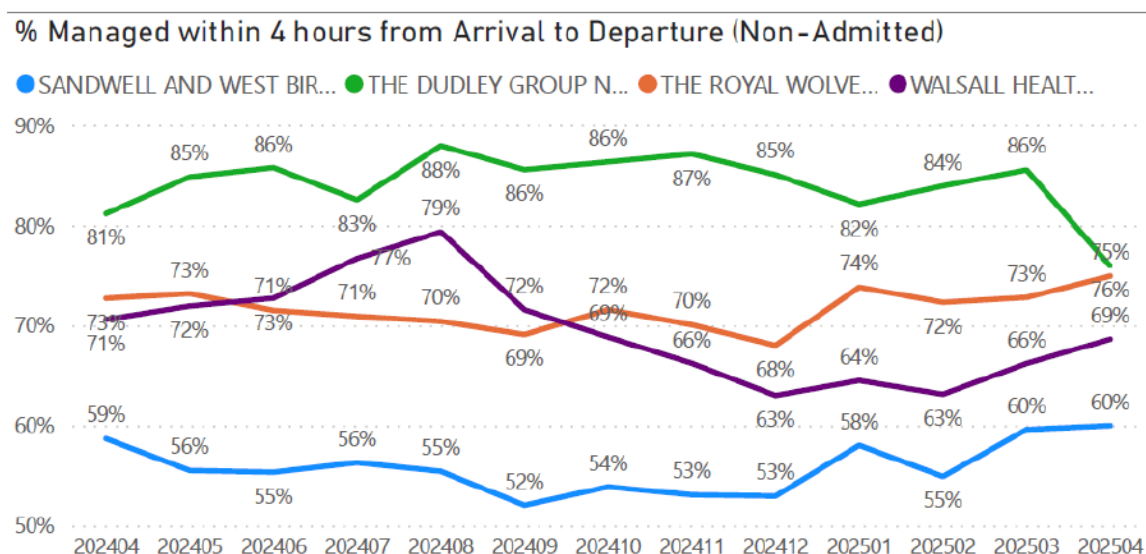


FIGURE 2 (ABOVE): 4 HOUR PERFORMANCE APR 24-APR 25 NON-ADMITTED

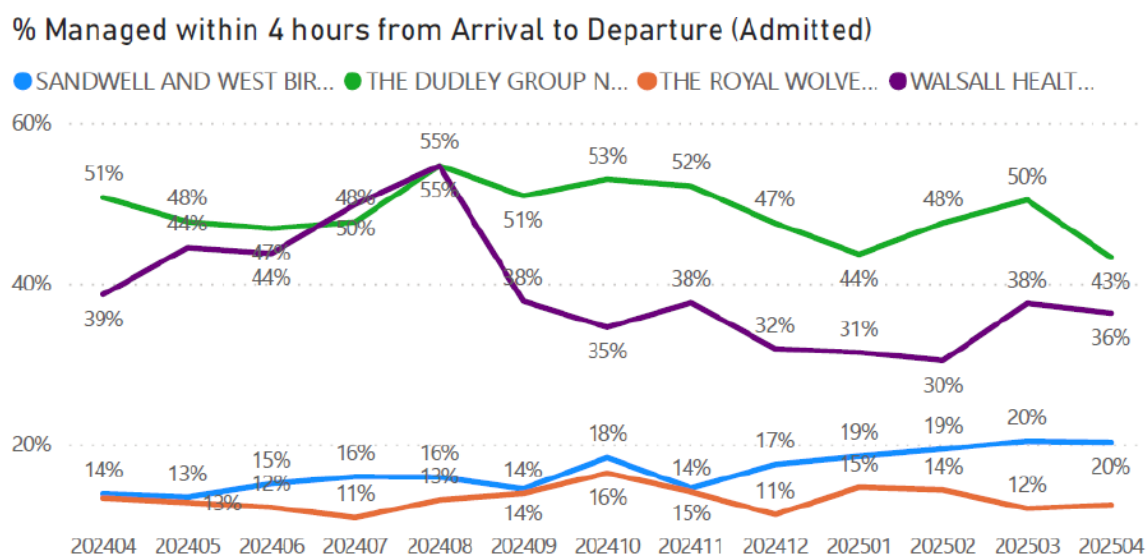


FIGURE 3 (ABOVE): 4 HOUR PERFORMANCE APR 24 - APR 25 ADMITTED

1.2.2 Ambulance Handover

Prolonged Ambulance handovers also remain a concern within the Trust, having improved in recent weeks overall but particularly challenging during the winter period with an average of 1 in 3 Ambulances going over the hour. The Trust have recognised that this is an unacceptable position and have commended for seeking support and advice from the National and Regional teams. This is ongoing and supports work and actions relating to not only the winter plan but ongoing sustainable improvement. The figure below demonstrates ambulance handover delays of greater than 60 minutes.

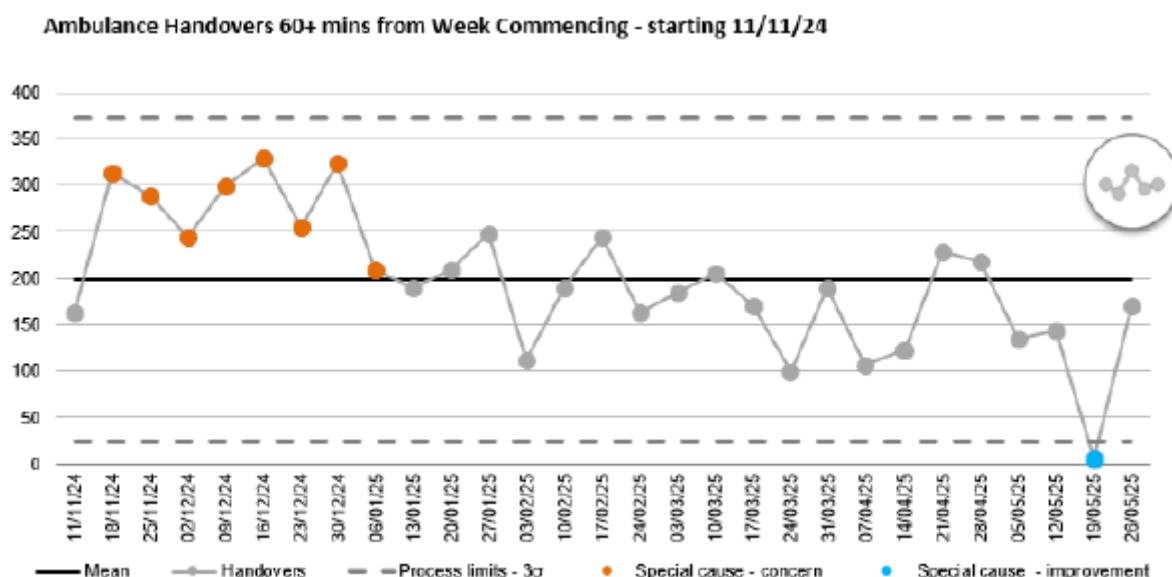


FIGURE 4 (ABOVE): AMBULANCE HANDOVER GREATER THAN 60 MINUTES

1.2.3 Bed Occupancy

Analysis of the data demonstrates that bed occupancy levels were the main contributory factor to this drop in performance between the admitted and non-admitted pathways and also contributing to the cause of prolonged Ambulance offloads. Occupancy at DGFT remained high throughout the winter period being persistently higher than 98% compared to the other Trusts across the Black Country. DGFT had a higher number of patients with no criteria to reside in the Acute Trust than our peers, and this is a key focus of the plan this year, both internally and working collaboratively with our partners in social care to improve this.

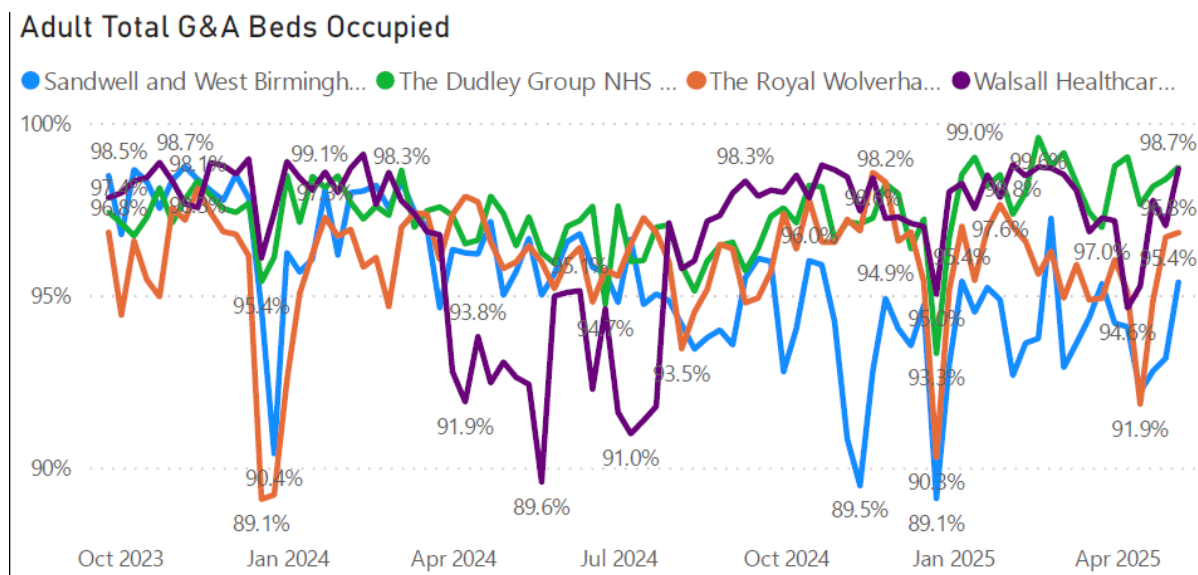


FIGURE 5 (ABOVE): BED OCCUPANCY ACROSS THE BLACK COUNTRY ACUTE TRUSTS

Mitigation during winter 24/25 included the conversion of the discharge lounge to 16 inpatient beds, the conversion of a large proportion of Same Day Emergency Care (SDEC) to 26 inpatient beds, the addition of 10 inpatient beds in to the Acute Medical Unit (AMU) and the creation of 3 spaces in the Emergency Department (ED) Xray area as a Treatment Escalation Space (TES) to relieve pressure in the ED. The conversion of SDEC in particular had a detrimental impact on the flow out of the ED exacerbating the long waits in the department and long Ambulance holds, this is not an option that will be considered this Winter as strongly advised during a supportive visit from NHS England. In addition to these bedded areas there

have been additional patients placed in ward areas pending discharges leaving the Trust. Risk assessments have been completed for all of these as when required and a standard operating procedure is in place for the use of allocated TES.

2. Modelling for Winter 25/26

2.1 Internal Modelling

The analysis undertaken of the activity requirement for Winter 24/25, including the impact of the opening of the Midland Metropolitan University Hospital and the increased number of patients from Sandwell postcodes to DGFT which is now included as our business as usual, has a shortfall of **71.5** beds for the winter 25/26, this includes the nationally anticipated increase in UEC activity of 4.3%. The Trust did not increase the bed base as a result of the increase in patients from the Sandwell population as the focus was to be on community services and treating patients closer to home.

However, the Trust worked in collaboration with Sandwell and West Birmingham NHS Foundation Trust (SWBH) to develop a joint Stroke rehabilitation unit at Rowley Regis Hospital of 11 beds. This has proved beneficial and successful.

It is important to note that due to our Ambulance handover delays DGFT was supported by strategic conveyancing by WMAS to other Black Country Trusts, this placed additional pressure upon UEC departments in these organisations and is something that DGFT need to avoid in the coming winter. The data has demonstrated that on average between October 2024 and March 2025 105 patients per month were conveyed to other Black Country Trusts, 3.5 arrivals per day equating to an additional demand of 1.45 patient admissions at DGFT to eradicate strategic conveyancing. This will mean that DGFT needs an additional **24 beds** for the period between October and March.



FIGURE 6 (ABOVE): STRATEGIC CONVEYANCING TO AND FROM DGFT

The complete demand modelling overall represents a shortfall, pre mitigating actions within the winter plan to be at **95** inpatient beds. The Trust is aware of the variation in activity across the winter period and will plan to mitigate for 100 beds to allow for fluctuations.

2.2 ICB Modelling

The modelling from the ICB supports the modelling undertaken by the Trust. This was made available on 23rd June 2025. The ICB highlights a bed deficit of 79 beds not inclusive of the impact of strategic conveyancing. The modelling demonstrates, as shown in the graph below, that the most significant pressure will be felt in the New Year period 25 into 26 where the Trust will exceed the maximum bed availability inclusive of all additional beds open at maximum surge last year with a normal bed base of 630. As demonstrated there is a constant demand throughout winter that the Trust will be at greater than base occupancy over the entire period.

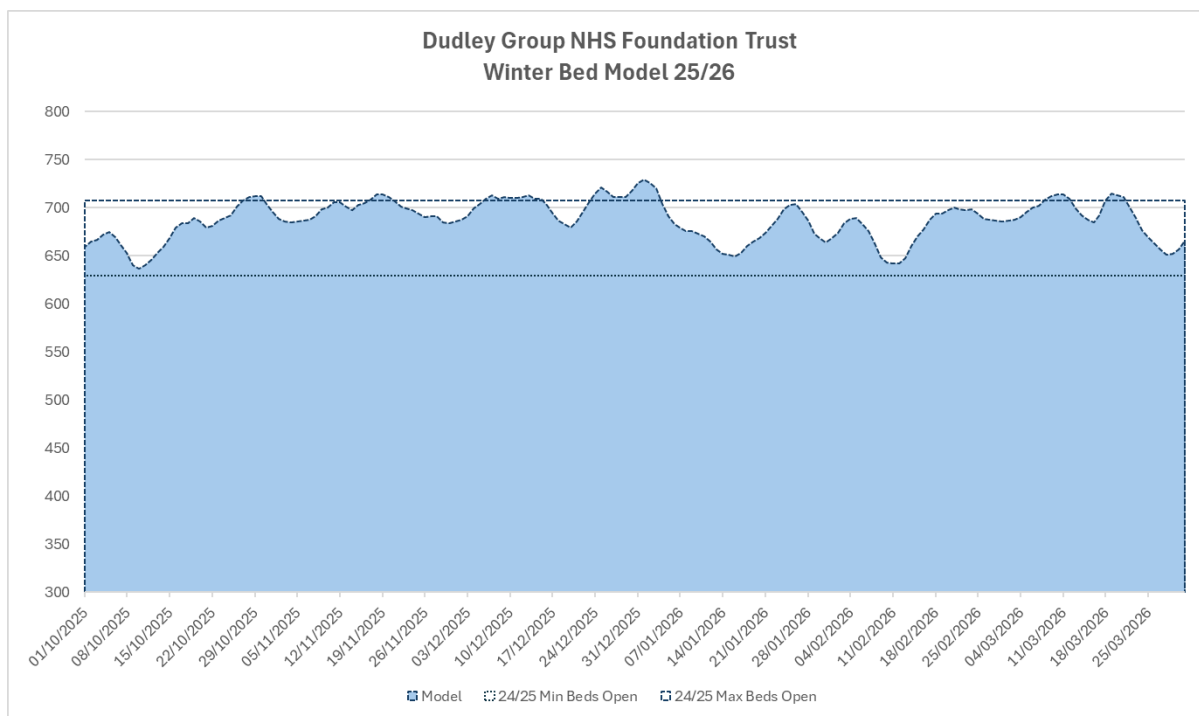


FIGURE 7 (ABOVE): ICB MODELLING FOR WINTER 2025/26

3. Winter planning approach 2025/26 and Current Performance

3.1 Urgent and Emergency Care Plan 25/26 – Key deliverables

A collaborative approach has been taken with the development of the winter plan 25/26 to meet demand, initially internally with a multi-disciplinary approach and subsequently with partners from Public Health, Social Care, West Midlands Ambulance Service, Voluntary Sector and Primary Care. This culminated in a face to face event on 25th June 2025 to finalise the winter plan in time to meet the nationally agreed planning time scales for this year.

With continued pressure into the summer months on our emergency portals the Trust has been working closely with the Urgent and Emergency Care Getting it Right First Time (GiRFT) team, Emergency Care Improvement Support Team (ECIST) and voluntarily attending the Midlands Region UEC Tier Call to draw the benefits of shared learning and improvement ideas from the other acute trusts across the patch.

The Urgent and Emergency Care Plan 2025/26 was published by NHS England (NHSE) and the Department of Health and Social Care (DHSC) on Friday June 6th and outlined the following as being key requirements of the winter plan, all of which have been included in the plan this year. The table below demonstrated current performance against the key UEC targets, we continue to perform well on 4 hour and 12 hour performance but challenged with respect to Ambulance handover.

UEC Plan 25/26 Priority	MAY 2025 Performance	MAY 2025 Trajectory	MARCH 2026 Trajectory
A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours	79.82%	80%	78%
Eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes	46 minute average	30 minute average	45 minute max handover as per UEC plan

Reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time	9%	10%	10%
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FIGURE 8 (ABOVE): CURRENT UEC PERFORMANCE AGAINST TRAJECTORY

Additional priorities include

- Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings
- Improve vaccination rates for staff and eligible patients – last year delivered 38.4% for staff vaccination with a target of 43.5% this year.
- Increase the number of patients receiving care in primary, community and mental health settings

A focus has been placed on attendance avoidance, ensuring that those patients who do attend are treated on the correct pathway with admission avoided where appropriate. For those patients who are admitted to ensure there are no delays in their inpatient pathway and that timely discharge is achieved at the end of their stay. For that reason not all of the DGFT winter plan interventions are directly aligned to bed demand reductions but will assist in the reduction of pressure at the emergency portals reducing the risk of delayed Ambulance offloads and improved 4 and 12 hour performance.

4. Overall winter mitigations and timeline

4.1 Overview

The main key change and driver to the Trust managing winter pressures this year is reducing occupancy and avoiding the need for patients to attend hospital when an alternative care pathway would be better suited to their need.

The launch of the Care Navigation Centre will enable health professionals to be signposted to the most appropriate service for the patient.

To reduce occupancy within the Trust there is a plan to strengthen the census reviews with learning shared from Sandwell and West Birmingham NHS Foundation Trust who have seen length of stay reductions as a result of using this census

There is also the intention (if funding agreed) to continue with the Trust commissioned bridging service which allows patients on pathway 1, to be discharged to their place of care ahead of their allocated package of care commencing (Local Authority). This means that those who are allocated care commencing on future dates do not wait in the acute bed base. In essence as an Acute Trust the days will be bridged to allow the patient to be discharged. The cost for this is currently £52k and ongoing would be £23k per month and sits as a cost pressure within the Trust. Although a cost pressure this is less expensive than if the patient has remained in the Trust (cost per week £850 cf >£2k per week in hospital)

4.2 Reduction of LOS

The Chiefs of Service in bed holding Divisions will have a robust monitoring process through the Medical Service Heads and Clinical Service Leads to set targets to reduce length of stay. The expectation is for all areas to meet or exceed the national average length of stay by specialty in acute providers, this will be monitored on a weekly basis via the length of stay dashboard and outliers reviewed. Reporting into the Divisional and to Trust Operational Meeting. The table below outlines the key specialities across the Trust and their comparative length of stay excluding same day discharge, those in red exceed the national average and will be the first in focus.

Speciality	DGFT LOS	National Average
------------	----------	------------------

General Surgery	6.53	5.78
Urology	4.58	4.48
Breast Surgery	3.5	3.91
Colorectal Surgery	6.67	5.98
Upper GI Surgery	11	5.56
Vascular Surgery	10.17	13.4
Trauma and Orthopaedics	9.31	11.68
ENT	1.72	3.36
Ophthalmology	1	5.36
Oral Surgery	5	3.13
Plastic Surgery	4.91	4.21
Paediatric Surgery	3.33	4.34
General Internal Medicine	8.3	8.88
Gastroenterology	8.54	8.84
Endocrinology	11.08	10.13
Haematology	11.54	10.08
Cardiology	5.4	7.03
Stroke Medicine	10.01	12.17
Respiratory	10.69	9.31
Renal Medicine	10.41	10.0
Neurology	3	10.87
Paediatric Medicine	2.85	2.57
Elderly Care	11.99	12.15
Gynaecology	2.76	2.34

FIGURE 9 (ABOVE): LENGTH OF STAY BY SPECIALTY

If the specialities that are currently adversely outlying when compared to their national benchmark were to achieve reduction to the national level and all others remained at the same level then **13** beds would be released across the Trust when same day discharges are excluded.

4.3 Planned improvements supporting mitigations

Below is the current position of planned improvements that will support our winter mitigations. The accelerated timeline of the plan this year allows for these mitigations at DGFT to continue to be developed and tested in preparation for winter, for that reason there may be variation as we approach winter and further improvements can be made. Although some of these plans may release capacity for winter, they do all form part of the planned winter mitigations included in a subsequent table.

Implementation Date	Mitigation	Expected impact	Cost to DGFT	Lead
By July 2025	Launch of the Care Transfer Hub (Pilot already underway in June 2025)	Improved real time joint working ensuring patients are placed on the correct discharge pathway and reduction in avoidable delays. Appropriate escalation across health and social care.	Nil additional cost	Gregg Marson, Associate Director for Discharge
July 2025	Rapid Emergency Assessment and Care Team pilot	REACT aims to reduce avoidable admissions by providing early, targeted assessments and interventions for patients attending ED. The team will work closely with medical, nursing, therapy, social care, and community	Nil cost – changed use of existing personnel	Anita Cupper – Programme Director for Capacity and Flow

		partners to facilitate timely decision-making and support safe discharge pathways.		
July 2025	Implementation of fortnightly Multi-Agency Discharge Events (MADE)	Unblocking of discharge delays with multi-agency involvement over and above that offered by the Care Transfer Hub	Nil cost	Gregg Marson, Associate Director of Discharge
July 2025	Roll out of Electronic Bed State	Allows for real time movement of patients around the organisation improving timeliness of flow from ED and reducing Ambulance offload delays	Nil cost	Ravinder Sahota-Thandi, Interim Operational Chief Information Officer
By September 2025	Full review of all patients in care homes to ensure relevant RESPECT documents are available to prevent inappropriate conveyance into the Trust	Attendance avoidance	Nil cost	Jenny Cale, Deputy Director of Operations PLACE
September 2025	Ridge Hill facility opens	If bed closures are deferred until early 2026 18 beds could be released as step down from acute trust.	£132k per month if reopened	Karen Hanson, Deputy Director of Integration
September 2025	Paediatric Emergency Department and Paediatric Assessment Unit co location go live	Release of 9 bed spaces on C2 which will form the winter resilience space for Paediatrics	£80k per month if reopened	Sara Davis, Divisional Chief Nurse SWC and Marie Banner, Interim Divisional Chief Nurse MIC
September 2025	Swap of wards B6 and C6, Surgical SDEC Co-locating with medical SDEC.	This will allow for improved access to Frailty through C6 footprint.	No cost impact	Sara Davis, Divisional Chief Nurse SWC and Marie Banner, Interim Divisional Chief Nurse MIC
October 2025	Implementation of a fully recruited care navigation centre (CNC) signposting patients to the most appropriate clinical service and away from ED where possible	Attendance avoidance	Nil additional cost impact above already agreed investment	Amandeep Tung-Nahal, Director of Operations CCCS

	modelled on the Sandwell CNC			
October 2025	Acute Respiratory Infection Hub at High Oak Surgery opened. Appointment availability will be stepped up in December through to February from 4 hours to 8 hours per day. Pathways available for both Adults and Paediatrics (5300 appointments)	Attendance avoidance and increased availability of appointments for non-respiratory illnesses in primary care.	Nil cost to DGFT	Jenny Cale, Deputy Director of Operations PLACE
October 2025	Increase of 10 beds to the Frailty Virtual Ward over and above the increase within the Non-Elective Workstream (30 to 40 beds)	Step up and step down availability of 10 beds	£35k per month	Rory McMahon, Director of Operations MIC
October 2025	Increase of 10 beds to the Acute Medicine Virtual Ward over and above the increase within the Non-Elective Workstream (30 to 40 beds)	Step up and step down availability of 10 beds	£90k per month	Rory McMahon, Director of Operations MIC
September – March 2026	Vaccination Programme for staff flu and Covid 24/25 Flu of employed staff 38.4% COVID employed staff 22.1%	It is unclear at this point which vaccines will be given to NHS professionals this year. We await information from national team.	Funds allocated each year to provide a roving team within budgeted position	Jo Wakeman, Deputy Chief Nurse

FIGURE 10 (ABOVE): WINTER PLAN MITIGATION TIMELINE

4.4 Bed mitigation overview for winter

Priority	Initiative	Bed Savings	Balance against -100	Risk/Cost
1	Predicted improvements to internal Discharge Pathways	20	-80	Required success of discharge improvement work
2	Improved escalation process with external partners for discharge delays	10	-70	Requires partnership working with out of area authorities
3	Increase of 10 beds to the Frailty Virtual Ward	10	-60	£35k per month
4	Increase of 10 beds to the AMU Virtual Ward	10	-50	£90k per month
5	AMU additional beds closed as part of NEL workstream	10	-40	£98k per month Current cost of the 10 additional beds on AMU 1 & 2
6	AMU A Bed closed as part of NEL workstream	16	-24	Cost £143k per month
7	PAU/ED co-location	9 (Paeds only)	-15	Cost £80k per month
8	Surge into Discharge Lounge Overnight	16	+1	Cost £58k per month

FIGURE 11 (ABOVE): BED MITIGATION OVERVIEW

4.5 Scenario analysis

	Bed deficit	Risks
Scenario 1: Do Nothing	95	<ul style="list-style-type: none"> Inability to safely manage flow through the organisation. Significant Ambulance offload delays Need to place patients on corridor and utilise Treatment Escalation Spaces Potential risk to patient safety
Scenario 2: No LOS reduction, surge areas opened but no support from partners in reducing number of patients with no criteria to reside	-27	<ul style="list-style-type: none"> Increased staffing requirements that may not be met Significant increase in cost Patients will remain in bed base despite no medical or therapeutic need
Scenario 3: No LOS reduction but all surge areas and virtual wards at capacity and support from partners on	+1	<ul style="list-style-type: none"> Increased staffing requirements that may not be met Significant increase in cost with no mitigation

discharge destinations for complex patients		<ul style="list-style-type: none"> Patients continue to stay greater than national LOS in similar settings
Scenario 4: LOS reduction but no surge capacity made available and no support for patients with no criteria to reside	-82	<ul style="list-style-type: none"> Low cost May increase the number of patients who have no criteria to reside as no community placement available resulting in reduced benefit
Scenario 5: LOS reduction and all mitigations currently in plan enacted	+14	<ul style="list-style-type: none"> High Cost Reliant on partners to support discharge of patients with no criteria to reside (number may be increased due to reduced LOS) Surge beds may have a staffing requirement that is unable to be met

FIGURE 12 (ABOVE): SCENARIO ANALYSIS

There are risks associated with the above bed mitigations, discharge internal processes need to be managed robustly and the demands need to be supported by our partner organisations. The availability of surge capacity is reliant on the success of the work being undertaken in the Non-elective length of stay workstream and movement of activity off site with the reopening of closed beds. The reopening of any closed area will incur staffing costs and these are estimated in the table above.

The following schemes are currently being scoped:

- *Movement of minor injuries out of the ED to vacated therapy space*
- *Ridge Hill facility when opened could release 18 beds which could prevent the opening of the discharge lounge overnight as a mitigation*
- *Increased capacity on the Paediatric virtual ward*

5.0 Financial Impact

Acknowledgement of the financial pressures currently being faced mean that the highest priorities of the plan are those which do not have a significant cost impact upon the Trust. Specifically the improvements to discharge planning and pathways, improved relationships and escalation pathways with partners both in and out of area, and improvements to length of stay.

The initiative of bridging packages of care for pathway one patients to allow them to leave the Trust the same day as they are made medically fit is proving to be effective and is something that would also be prioritised to continue as part of the plan this winter. This has a monthly cost of £23k and is included in all options.

Two scenarios have been worked up as part of the plan, Scenario 1 assumes that the impact of winter is felt from October and all mitigations are needs to be implemented immediately. The ICB modelling of activity distribution suggests that this is unlikely and is therefore the worst case scenario, each of the options is costed individually within the below table. The overall risk of worst case scenario is £3.18m.

Initiative	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Bridging beds	£23,000	£23,000	£23,000	£23,000	£23,000	£23,000	£138,000
Predicted improvements to internal Discharge Pathways	£0	£0	£0	£0	£0	£0	£0
Improved escalation process with external partners for discharge delays	£0	£0	£0	£0	£0	£0	£0
Increase of 10 beds to the Frailty Virtual Ward	£35,000	£35,000	£35,000	£35,000	£35,000	£35,000	£210,000
Increase of 10 beds to the Acute Virtual Ward	£92,000	£92,000	£92,000	£92,000	£92,000	£92,000	£552,000
AMU additional beds closed as part of NEL workstream	£98,000	£98,000	£98,000	£98,000	£98,000	£98,000	£588,000
AMU A Bed closed as part of NEL workstream	£143,000	£143,000	£143,000	£143,000	£143,000	£143,000	£858,000
PAU/ED co-location	£80,000	£80,000	£80,000	£80,000	£80,000	£80,000	£480,000
Surge into Discharge Lounge Overnight	£58,000	£58,000	£58,000	£58,000	£58,000	£58,000	£348,000
	£529,000	£529,000	£529,000	£529,000	£529,000	£529,000	£3,174,000

FIGURE 13 (ABOVE): FINANCIAL MODELLING OF ALL MITIGATIONS THROUGHOUT WINTER

The second scenario has assumed the distribution of impact being in correlation to the ICB modelling, with options stepped up and down promptly in response to pressure increasing and decreasing at the front door. This option has an overall cost of £2.34m.

Initiative	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Bridging beds	£23,000	£23,000	£23,000	£23,000	£23,000	£23,000	£138,000
Predicted improvements to internal Discharge Pathways	£0	£0	£0	£0	£0	£0	£0
Improved escalation process with external partners for discharge delays	£0	£0	£0	£0	£0	£0	£0
Increase of 10 beds to the Frailty Virtual Ward	£35,000	£35,000	£35,000	£35,000	£35,000	£35,000	£210,000
Increase of 10 beds to the Acute Virtual Ward	£92,000	£92,000	£92,000	£92,000	£92,000	£92,000	£552,000
AMU additional beds closed as part of NEL workstream	£98,000	£98,000	£98,000	£98,000	£98,000	£98,000	£588,000
AMU A Bed closed as part of NEL workstream		£143,000	£143,000	£71,500	£71,500	£143,000	£572,000
PAU/ED co-location		£80,000	£80,000				£160,000
Surge into Discharge Lounge Overnight		£58,000	£58,000				£116,000
	£248,000	£529,000	£529,000	£319,500	£319,500	£391,000	£2,336,000

FIGURE 14 (ABOVE): FINANCIAL MODELLING IN LINE WITH ICB ACTIVITY PREDICTION

6.0 Service level winter plan highlights

This section summarises the key points in the service level winter plans, the full versions are included in appendix 3.

6.1 Surgery, Women and Children

- **Vaccination & Staffing:** Focus on increasing vaccination uptake among staff and eligible patients to reduce seasonal illness, and manage annual leave to maintain staffing levels and minimise service disruption in Quarter 4.
- **Urgent Care Access:** Expand hot clinic capacity and explore a surgical virtual ward to provide timely urgent care, prevent unnecessary admissions, and support flow through Surgical SDEC and the care navigation centre.
- **Elective Care Continuity:** Protect elective throughput by increasing pre-winter activity using High Intensity Theatre lists, Paediatric Super Saturdays, and available theatre space in other Black Country Trusts.
- **Daily Operations & Escalation:** Introduce a clear SOP for daily capacity teams to support timely escalation, effective decision-making, and reduce pressure on the Emergency Department during surges.
- **Discharge Planning:** Embed estimated discharge dates and criteria-led discharge processes across services to support flow and reduce unnecessary inpatient stays.

- Paediatric Winter Readiness: Reinforce paediatric discharge planning, safe staffing, and complex care support, with a flexible surge plan for increased respiratory demand and potential expansion of the Paediatric Virtual Ward.

6.2 Community and Core Clinical Services (CCCS)

- Workforce Resilience: Core Clinical Services are focused on maintaining workforce resilience and operational flexibility, especially in diagnostics and clinical support services, to meet surge demands.
- Diagnostics Strategy: Diagnostic capacity (imaging, pathology, ultrasound, phlebotomy) is being expanded, with elective activity shifted to Guest and Corbett sites to protect emergency capacity at Russells Hall Hospital.
- Therapy and AHP Services: Allied Health Professionals and therapy teams are positioned for rapid assessments and early intervention to avoid admissions and support home recovery.
- Pharmacy Optimisation: Pharmacy will ensure timely discharge medication and medication safety through extended hours, streamlined TTO processes, and use of FP10s during OPEL 4 escalation.
- Mortuary Staffing Review: Mortuary services are reviewing staffing and leave planning to maintain service during winter peaks, with mutual aid protocols in place.
- Care Navigation Centre (CNC): CNC will go live in September 2025, coordinating care to reduce unnecessary ED attendances via triage, alternative care pathways, and a band 6 clinician in ED.
- CNC Referral Pathways: Referrals will be accepted from WMAS, primary care, NHS 111, and other professionals, with phase 2 including patient and carer referrals.
- New Clinical Pathways: CNC aims to streamline flow to hot clinics, SDEC, and Virtual Wards—e.g., creating a DVT community pathway and reducing ED visits.
- System Integration with WMAS: CNC strategy will align with WMAS's "Call Before Convey" model, focusing on care homes and primary care to avoid ED admissions.
- System-Wide Winter Readiness: Region-wide initiatives include a pilot Out of Hours UCR SPA, single point of access in the south, and collaboration with REACCT and CTH models to support discharge and community reintegration.

6.3 PLACE

- PLACE is focused on ensuring patients access the most appropriate primary care settings and are discharged promptly into suitable care environments.
- The division is actively developing the Care Transfer Hub to enhance discharge processes (Pathways 1, 2, and 3), improve patient outcomes, reduce delays, and strengthen system-wide collaboration.
- Weekly long-stay reviews will be introduced in community beds, alongside infection control liaison, to minimise delays and maintain bed availability.
- High Oak and Chapel Street GP surgeries will improve care navigation through enhanced receptionist training, promoting appropriate use of alternative services and digital options for non-urgent needs.
- The Acute Respiratory Infection Hub (ARI), launching in October with expanded capacity from December, will offer targeted appointments for respiratory symptoms, relieving pressure on GP services.
- A project ensuring all care home residents have appropriate RESPECT documentation will conclude by September 2025, reducing unnecessary hospital conveyance and supporting end-of-life care in the community.

6.4 Medicine and Integrated Care

- Ambulance Offload & Corridor Care: Meeting the 45-minute ambulance offload target and eliminating corridor care remains a priority, with delays linked to high bed occupancy and slow admissions.
- Dedicated Ambulance Handover Area: A section of the closed AMUA beds through the non-elective workstream will be repurposed to create a 6-bay handover zone and side room to improve triage and front-door flow.

- Increased ED Capacity: Minor Injuries relocation allows for 3 new ED assessment spaces, aiding patient stepdown despite space limitations preventing recliner chairs.
- Streamlined Clerking: A unified clerking document will reduce duplication, accelerate diagnosis, and support faster patient flow and turnaround.
- Mental Health Bay: A proposal to convert the ED intubation room into a dedicated Mental Health assessment bay is under review, improving care for MH patients.
- Reducing ED Attendances: The Community Navigation Centre (CNC) and other diversionary pathways may reduce attendances by around 80 patients/month, pending validation.
- Improved Specialty Referrals: Direct GP referrals to specialties will continue via Malling Health, with support needed from receiving areas to accept patients promptly.
- Discharge Lounge & RAT Model: A fully functional discharge lounge and continued use of the Rapid Assessment and Triage (RAT) model are vital for flow and capacity.
- Paediatric ED Performance: Sustaining 92% 4-hour performance in Paediatric ED through community partnerships, Band 7 nurse oversight, expanded Virtual Wards, and senior on-site presence.
- Short-Stay Admissions: Targeting a 0.4-day LOS reduction for overnight medical admissions through early senior review, timely AHP involvement, and enhanced EHR support.

7.0 Collaboration with system partners

7.1 West Midlands Ambulance Service, Emergency Response and Non-Emergency Patient Transport

The close working relationship between the Acute Trust and West Midlands Ambulance Service (WMAS) is paramount in importance this year and discussions around the winter plan have been ongoing. WMAS have committed to maximising the use of call before convey and urgent care response, utilising hear and treat where possible and focussing on timely discharge from hospital.

In order for us to best utilise the support for our winter resilience and to contribute to the resilience within particularly the non-emergency patient transport service is by ensuring that transport is booked at least the day before travel wherever possible, that transport is only booked ready for patients with medication available and that the correct mobility is arranged, minimising the number of stretcher transfers for patients who are able to sit. WMAS are also keen to work with us on earlier risk assessments for patients who are going to require transport home at the point of discharge so that this does not need to be carried out at the point of discharge causing unnecessary prolonged length of stay.

We are also planning to work more closely with the Hospital Ambulance Liaison Officer (HALO) with increased present from our out of hospital teams to direct patients to alternative services even on arrival wherever possible.

7.2 Voluntary Sector

The voluntary sector were represented at the planning session on 25th June and have committed to providing a directory of services to the Care Navigation Centre allowing direct access in to their support offer. There is also commitment of the sharing of communications material from the Trust around local faith and community groups supporting those that are sometimes harder to reach with conventional communication methods.

The Dudley voluntary services team are also keen to support the setting up of a volunteer led patient transport service and this will be explored prior to the winter.

7.3 Social Care & Dudley Metropolitan Borough Council

Dudley Metropolitan Borough Council (DMBC) Social Care is committed to a proactive and integrated approach to prevent avoidable admissions, support timely discharges, and enable recovery through person-centred care. Our priorities focus on early intervention, system collaboration, and maintaining operational resilience throughout winter pressures. The full plan is included in Appendix 4

1. Seven-Day Discharge Operations

We will maintain a fully staffed, 7-day social care discharge service

2. Timely and Flexible Care Offers

To minimise discharge delays, care packages will be secured swiftly, supported by flexible rotas and responsive services including evening and weekend coverage.

3. Escalation and Surge Planning

During periods of heightened system pressure, we will proactively bring forward planned discharges.

4. Medication Oversight

In partnership with health colleagues, we will support medication screening and reviews to prevent overprescribing and reduce medication-related readmissions.

5. Transfer of Care Hub (TOCH) Engagement

Social care will maintain a strong presence in the TOCH, contributing to integrated, patient-centred discharge planning.

6. Robust On-Call System

We will operate a reliable 7-day on-call system to support urgent social care needs and facilitate escalation when required.

7. Urgent Care Attendance Avoidance

Through our Urgent Care Attendance Avoidance Team, we will provide rapid response services 7 days a week.

8. Participation in System-Wide Initiatives

Social care will continue to engage in key system-wide initiatives such as Multi-Agency Discharge Events (MADE) and local development programmes.

9. Hospital Avoidance Beds

Five dedicated hospital avoidance beds will be used to support individuals with urgent social care needs in a non-hospital setting.

10. Access to Therapy Equipment

Access to essential therapy equipment, available 7 days a week

11. Support to FAU and ED

Responsive social care support will be available

8.0 Communications plan

A summary of the internal communications plan is listed below; the full plan is included in Appendix 5.

Goal 1: Educate and inform the public to help reduce inappropriate unheralded ED and UTC attendance.

Goal 2: Support NHS staff and maintain operational effectiveness.

Goal 3: Maintain trust and clarity during periods of high pressure (crisis & incident communication).

9.0 Infection Prevention and Control

DGFT will continue to adhere to current up to date Infection Prevention and Control (IPC) guidance, with ongoing emphasis on staff and public compliance with fundamentals such as hand hygiene, bare below the elbow requirements for the staff. This will continue to be closely monitored, and non-compliance addressed. Established audits and monitoring processes will continue to identify any non-compliance early, hence focusing on prevention of infections.

The IPCT will continue daily ward rounds across acute medicine to assist with flow and patient safety, identifying patients who may require isolation and screening.

Screening:

- National guidance for COVID-19 remains unchanged.
- Influenza and RSV screening will recommence during the winter period in conjunction with local trends.

Isolation:

- Patients with the same diagnosis (viral respiratory infections or norovirus) may be co-horted in bays

Outbreaks will continue to be declared internally and externally as per the requirement, and meetings will be held in line with PSIRF to identify common themes and learning.

Cleaning and decontamination:

- Cleaning is continually reviewed alongside trends and a change to chlor clean will be considered for all cleans if there is a surge in infection prevalence or incidence. Correct application of the reviewed cleaning and decontamination policy will be monitored via the Infection Prevention and Control Group and escalated in line with the established process.

10.0 Staff Wellbeing and Support

Ensuring the wellbeing and resilience of our workforce remains a cornerstone of the Trust's Winter Plan. As winter pressures increase demand across the hospital, it is vital that we protect our staff from avoidable stress, burnout and the negative impact of prolonged operational pressure. This section summarises our proactive approach to supporting staff attendance, psychological safety, and sustainable working and is in full in Appendix 7.

Key Actions for Winter 2025/26:

- **Targeted Wellbeing Communications**
- **Launch of Enhanced Employee Assistance Programme**
- **Drop-In Wellbeing Spaces and Virtual Safe Rooms**
- **Mid-Winter Feedback and Responsive Planning**
- **Occupational Health Access Improvements**
- **Wellbeing Champions**
- **Promotion of Trust Wellbeing Offer**
- **A review of meetings and non urgent admin activity**

These measures reflect our commitment to creating a compassionate, responsive and sustainable workplace. By prioritising staff wellbeing, we strengthen the Trust's ability to maintain safe and effective care throughout the most challenging months of the year.

11.0 Winter vaccination plan

The staff vaccination programme will be operational throughout Q3 and Q4 2025/26, and it is not currently clear whether both, COVID-19 and Flu vaccines will be offered. Exact dates and detail of the roll out are yet to be agreed. We are cognisant that vaccine hesitancy affected vaccine uptake during 2024/25 and that current media coverage regarding the COVID-19 vaccine may affect the 2025/26 uptake, if made available.

The full plan is included in Appendix 8.

To ensure high uptake and effective delivery of the winter vaccination programme, the Trust will implement a comprehensive and targeted approach.

A robust communications campaign will underpin the programme, clearly outlining the benefits of vaccination—not only for staff themselves, but also for their families and the patients in their care. The campaign will also align with seasonal themes and key events, such as Christmas and Bonfire Night, to promote engagement and increase uptake through special vaccination events.

At present, national guidance on the scope of the 2025/26 winter vaccination programme is pending. The Trust will remain responsive to updates, including whether COVID-19 vaccinations will again form part of this year's delivery plan alongside flu.

12.0 Discharge improvement

In preparation for winter 2025/26, the Trust is implementing a system-led discharge model, aligned with Home First principles and national NHS guidance. The Care Transfer Hub will serve as the operational anchor for this approach, ensuring real-time oversight of complex discharges, integrated escalation, and a consistent 7-day presence. The core aim is to reduce discharge delays, increase same-day discharge performance, and proactively manage flow pressures across all discharge pathways, working alongside patients Estimated Discharge Date to forward plan. The full summary is included in Appendix 9.

To strengthen whole-system discharge coordination, the Trust will implement a single community bed tracker for Pathway 2 and 3 capacity, accessible to all partners. This will enable real-time visibility of bed availability, streamline referrals, and ensure estimated discharge dates (EDDs) are jointly monitored and actioned. In parallel, the Trust will continue to utilise its bridging pathway (Subject to funding) to enable same-day Pathway 1 discharges for Dudley patients in collaboration with the Council. Where the discharge teams complete TOC forms and documentation by 2pm, same-day discharge will be facilitated. This will reduce unnecessary internal waits, minimise weekend discharge backlogs, and improve the patient and family experience.

The Care Transfer Hub will operate 7 days per week, providing consistent multidisciplinary oversight of patients who are ready for discharge. The key operational priority will be the elimination of hospital process-related delays, which remain the most frequent cause of extended stays—accounting for an average of 18–24 patients per day in winter 2024/25.

13.0 Surge plan

The mitigations within this plan aim to avoid surging into additional beds. In order to be resilient however it is imperative that we have the ability to meet increased demand for inpatient capacity when discharge and community settings, including virtual wards, are unable to support with the patients. There is also a requirement within the UEC Plan 25/26 that corridor care is eliminated. The surge will be carried out as demonstrated below, and will only be commissioned by the Chief Operating Officer in hours and the Director on Call out of hours.

The Trust will be avoiding the use of both Treatment Escalation Spaces (TES) and the corridor for the forthcoming winter, however, there needs to be the ability to respond safely at times of surges of activity with the Ambulance Service. For this reason the standard operating procedures for the safe utilisation of both of these areas will be refreshed in time for winter to ensure that if the areas were required to be used in extremis then it could be activated safely in partnership with the Executive team during working hours or the on call Director out of hours.

First would be the opening of the Additional Beds on AMU that should be stepped out of as part of the non elective workstream, then the reopening of the 16 spaces in AMU A and then the overnight opening of the discharge lounge as a final escalation. The opening of the discharge lounge may be mitigated by the opening of capacity in Ridge Hill but plans for this are yet to be finalised.

14.0 Leadership and Oversight

At the launch of the Urgent and Emergency Care Plan 2025/26, NHSE were clear that this was going to be a difficult winter ahead and that it may be schemes identified are new and don't deliver in the way expected. They therefore need close management, leadership and oversight to ensure that they are delivering to expectation and to support rectification plans if this is not seen to be the case.

There will be daily huddles Monday to Friday with all clinical teams invited to ensure that our staff are well informed of the pressures of the day, receive timely feedback both positive and supportively critical with a real focus on ensuring that the site is running safely and effectively. Once per week these huddles will be widened to include primary care, social care, public health and the voluntary sector to review all of the mitigations we have in the plan and to identify any improvements that can be made as we move through the season.

The Chief Nurse, Medical Director and Chief Operating Officer maintain consistent and visible executive leadership within the Urgent and Emergency Care areas and across the Trust. This includes a regular presence in the areas, back to the floor which includes senior nursing, midwifery and Allied Health Professional leavers and out of hours visits providing additional support during times of extremis.

Colleagues from the wider executive team maintain consistent and visible leadership with support to operational teams on a daily basis. Board to ward visits including Non-Executive Directors are in place across the organisation with associated governance in place.

Real time information about the current status in the Emergency Department is available to Executive, Corporate and Divisional leadership and is monitored on an ongoing basis each day.

The Trust escalation level will be utilised to mobilise tactical and strategic command as necessary in addition to ensuring that there is daily executive oversight in the running of the organisation. Expectation will be that there is on call management representation from 12 midday until the Trust de-escalates.

Regular reporting will be provided to Quality Committee, Finance and Productivity Committee and the Trust Board to ensure that the Board are informed of the performance of the winter plan via the Integrated Performance Report and the Chief Nurse & Medical Officer Report.

15.0 Appendices

Appendix 1 – Contributors

Name	Role	Organisation
Adam Thomas	Group Chief Strategy and Digital Officer	DGFT/SWBH
Dr Ahmed Ismail	Clinical Director for Urgent and Emergency Care	DGFT
Alis Rasul	Directorate Manager Paediatrics	DGFT
Amandeep Tung Nahal	Director of Operations Community and Core Clinical Services	DGFT
Andy Gray	Dudley Community Voluntary Service	DGFT
Mr Babar Elahi	Chief of Surgery, Women and Children	DGFT
Becki Benbow	Assistant Team Manager – Dudley STAR	DMBC
Chris Benfield	Head of Analytics and Insight	DGFT
Chris Dinsdale	Interim Director of Operations Medicine	DGFT
Chris McAvoy	Senior Data Relationship Manager	DGFT
Dr David Pitches	Consultant in Public Health	DMBC
Deborah Vasey	Matron Cardiology and Emergency Department	DGFT
Dr Elizabeth Rees	Chief of Community and Core Clinical Services	DGFT
Gregg Marson	Associate Director Discharge Improvement	DGFT
Hannah Jones	Head of Communications	DGFT
Hannah White	Matron Infection Prevention and Control	DGFT
Hannah White	Head of People	DGFT
Helen Mallard	Lead Nurse for Site Operations	DGFT
Ian Chadwell	Deputy Director of Strategy	DGFT
Jack Richards	Deputy Chief Operating Officer	DGFT
Jayne Tranter	Deputy Divisional Chief Nurse Medicine	DGFT
Jean Pegg	Directorate Manager Acute Medicine	DGFT
Jenny Bree	Lead Nurse for Improvement	DGFT
Jenny Cale	Deputy Director of Operations PLACE	DGFT
Jo Wakeman	Deputy Chief Nurse	DGFT
Dr Joanne Taylor	Medical Service Head Emergency Department	DGFT
Joanne Malpass	Deputy Director of Operations Surgery, Women and Children	DGFT
Karen Brogan	Chief People Officer	DGFT
Karen Hanson	Deputy Director of Integration	DGFT
Karen Kelly	Chief Operating Officer	DGFT
Kelly Pettifer	Director of Operations Surgery, Women and Children	DGFT
Laura Broster	Group Chief Communication Officer	DGFT/SWBH
Dr Lucy Martin	Chief of PLACE Division	DGFT
Maria Dance	Divisional Chief Allied Health Professional	DGFT
Marie Banner	Divisional Chief Nurse Medicine	DGFT
Martina Morris	Chief Nurse	DGFT
Michelle Brotherton	Director for Non-Emergency Patient Transport	WMAS
Dr Paul Hudson	Operational Medical Director	DGFT
Phil Atkins	Directorate Manager Emergency Department	DGFT
Dr Phil Brammer	Deputy Medical Director	DGFT
Dr Raj Uppal	Chief of Medicine and Integrated Care	DGFT
Rory McMahon	Director of Operations Medicine	DGFT
Ruckie Kahlon	Chief Pharmacist	DGFT
Sara Davis	Divisional Chief Nurse Surgery, Women and Children	DGFT
Sarah Knight	Head of Primary Care and PLACE Commissioning Dudley	BC ICB
Simone Smith	Head Corporate Resilience	DGFT
Steve Wheaton	Deputy Director of Operations Black Country ICB	BC ICB
Wendy Malpass	Team manager – Intermediate Care	DMBC

Paper for submission to the Board of Directors on 10th July 2025

Report title:	Workforce KPI Report – May 2025
Sponsoring executive:	James Fleet - Chief People Officer
Report author:	Hannah White - Head of People Rachel Andrew - Head of People Culture and Learning

1. Summary of key issues
Assure

- Sickness Absence: In-month sickness absence decreased to 4.59%, below the Trust target of 5%. Rolling 12-month absence also slightly improved.
- Turnover: Overall turnover is 7.16%, and normalised turnover is 3.08%, both within target thresholds.
- Retention: 12-month retention rate remains strong at 92.04%, well above the 80% target.
- Mandatory Training: Compliance is at 92.04%, consistently above the 90% target.
- Bank Fill Rate: Maintained above the 80% target at 83%. No agency use for non-medical roles since September 2024.
- Roster Lead Time: Improved to 50 days, approaching the Trust target of 55 days and exceeding NHSE minimum of 42 days.
- Organisational Development: Over 1000 completions of Manager's Essentials training, with increased engagement expected post-annual reviews.

Advise

- Rolling Sickness Absence: Still above target at 5.33%, though trending downward. Continued monitoring and taskforce interventions are in place.
- Statutory Training Subjects: Three subjects remained red-rated (<80% (Safeguarding Children Level 3, Resus Paediatric and Resus Adult) - All are now amber rated and showing marked improvement.
- Annual Reviews: 54% completion at time of report and now at 74.9%. Divisional follow-up is underway to meet the 90% target by end of June.
- Apprenticeships: Activity impacted by recruitment freeze. Levy spend is being redirected to external sponsorships while awaiting policy updates.

Alert

- Medical & Dental Turnover: High at 21.96% (normalised 5.02%). This is a direct result of resident doctor training and rotations.
- Grievance Investigations: Only 58% compliance with timescales; average duration is 21.1 weeks, though recent improvements noted.

Full data pack located in the reading room associated with this meeting.

2. Alignment to our Vision

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

3. Report journey
People Committee and Board of Directors.

4. Recommendation(s)
The Public Trust Board is asked to:
a) Note 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 7.0	X	Achieve operational performance requirements

Paper for submission to the Board of Directors on 10th July 2025

Report title:	Performance against Workforce Plan – Month 2
Sponsoring executive:	James Fleet – Chief People Officer
Report author:	Karen Brogan – Director of People

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

Assure

- Overall, Trust Position: The Trust is 32 WTE under plan, indicating a positive variance.
- Corporate Services: Performing well with 29 WTE under plan, including 31 WTE under plan for substantive workforce.
- CCCS Division: Showing 15 WTE under plan, with 18 WTE under plan for substantive staff.
- Sickness Absence: Continued improvement with five consecutive months of reduction, now at 4.58% for May.
- Bank Controls: Established steering groups in place, driving Improved reporting and additional control, including reduced AFC bank rates and ongoing medical bank rate negotiations.

Advise

- Bank Usage: Minimally above plan in most divisions (Medicine, CCCS, Corporate), though controls are improving.
- Agency Usage: Low overall but above plan in Medicine and SWC divisions. Monitoring and challenge of agency reduction plans continues.

Alert

- SWC Division: Reporting 20 WTE above plan, with 19 WTE above plan for substantive staff and 5 WTE above plan for agency—worsening since M1.
- Medicine Division: Although under plan overall, bank and agency usage are above plan, risking delivery of M3 targets.
- Key Risk Across Divisions: Persistent bank and agency usage above plan in several areas, with a reducing trajectory that may jeopardize M3 delivery.

Full report located in 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

People Committee, Quality Committee and Finance and productivity Committee, Board of Directors

4. Recommendation
The Public Trust Board is asked to:
a) 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 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		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

Paper for submission to the Trust Board of Directors on 10th July 2025

Report title:	Annual Report & Accounts 2024/2025
Sponsoring executive:	D Wake, chief executive & presenter Laura Broster, group director of communications
Report author:	Hannah Jones, head of communications Liz Abbiss, director of communications

1. Summary of key issues

Assure

The Trust Annual Report 2024/25 including the Annual Governance Statement has been prepared in accordance with the NHS foundation trust annual reporting manual 2024/25. This sets out the requirements for Foundation Trusts' annual reports.

The report and financial accounts have been audited and brought together into the annual report and accounts in this report. Both audits are now complete and auditors certificates included in the final document for Board approval. It has been extensively reviewed via the usual process of Audit Committee and is here as the full and final version to be published.

Advise

The full report will now follow its publication schedule through to Parliament before the 14th July, once laid before parliament will proceed to the Annual Members Meeting and onto the Trust website and shared with stakeholders.

The full report 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	X
Improve health and wellbeing	x

3. Report journey

- Content created by authors across divisions and compiled and edited by communications team Feb – April 2025
- Draft report to audit committee on 19th May
- Final draft report to audit committee on 23rd June
- Annual report and Accounts to be submitted online to NHSI

Next steps:

- Report to be authorised by Board of Directors 10th July 2025.
- Annual report and Accounts (digital version) laid before Parliament before summer recess (subject to receiving auditors full report – by 14th July)
- Published on Trust website during September/October ahead of the Trust Annual Members Meeting in October.

- Summary report included in Your Trust newsletter August/September (pre Annual Members Meeting)

4. Recommendation(s)

The Public Trust Board is asked to:

- Review the annual report in its final basic form ahead of final proof reading and design and the addition of the annual accounts to form one document ready for Parliament and publishing.

5. Impact

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

Paper for submission to the Board of Directors on 10th July 2025

Report title:	Trust Strategy 2025 - 2028
Sponsoring executive / presenter:	Adam Thomas Executive Chief Strategy and Digital Officer/Deputy CEO
Report author:	Ian Chadwell, Deputy Director of Strategy

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

Assure

The strategy has been developed with input from key stakeholders and discussions by Trust Board on different occasions over the past months. The most recent version was discussed at private board in March 2025. The document has been circulated for comment by partners in the local health and care system and these have been incorporated.

Advise

It was originally planned not to release the document externally until after the 10-year health plan was published. As this is slightly delayed, the request is for Board to approve this version of the strategy with a commitment to update the document following publication of the national plan. The strategic framework (plan on a page) has already been 'soft launched' within the organisation since March with the strategy being a focus for the Make it happen tours during May and June. The annual review process has also used the new strategic framework.

A communications plan for the strategy has been developed and is in the process of being implemented, starting with internal stakeholders. Following formal approval of the strategy, the communications plan relating to external stakeholders will be implemented.

Alert

None.

Strategy document located in 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	x
Improve health and wellbeing	x

3. Report journey

Board of Directors – public – 10th July 2025

4. Recommendations

The Public Trust Board is asked to:

- Approve the trust strategy document on the understanding it will be updated following publication of the 10-year health plan.

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:		

Paper for submission to the Board of Directors 10 July 2025

Report title:	Board Assurance Framework refresh 2025/26
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.

To align with the launch of the refreshed Trust Strategy 2025-2028, the Board Assurance Framework has been reviewed and reset. During quarter one 2025/26, each Board committee has been asked to consider a draft version of their respective assigned BAF risk/s and where possible have assigned a committee assurance risk.

The exception to this is the BAF risk associated with IT and Digital Infrastructure that will be overseen by the recently established Infrastructure Committee. The BAF risk is still underdevelopment and will be submitted to board for approval later in the year.

Each of the risk has been developed in line with the Trust's Risk Management Framework and assigned a risk appetite score by which it can be judged as to whether the risk is being managed within its risk tolerance level or not.

The Board of Directors is asked to receive a summary of the Trust's Board Assurance Framework current position given as appendix 1.

A copy of the BAF risk documents drafted and available at this time are located in the reading room.

Summary of refreshed BAF risks

BAF Risk 1 Quality: Safe, High-Quality Care There is a risk that the Trust fails to deliver the right care, in the right place at the right every time resulting in poor clinical outcomes and patient experience.

Linked to strategic measures:

- Top performing for overall patient experience
- Mortality better than the national average
- Palliative care patients die in their place of choice
- Reduce unnecessary stays in hospital

Following discussions at Committee and Board in March 2025, it was agreed that based on current strength of controls, the current score would be reduced from 12 to 9. The reduction was endorsed at the May 2025 meeting of the Board of Directors.

The proposed target score for 2025/26 is 9 (3x3). The focus for the year will be to sustain this score. Every attempt will be made to further reduce it, however given complexities associated with quality and safety, this may be too ambitious to achieve.

The assigned risk appetite is 'Cautious' and is scored as 9 indicating that the BAF is currently being managed within the assigned Risk Appetite and Tolerance limit score.

Items to note – June 2025

To note the completion of the following actions linked directly gaps in key controls;

- Implemented and embedded the clinical accreditation programme
- Reviewed and strengthened the nursing and midwifery audits
- Developed and delivered an improvement plan to address patient observations not being completed and recorded on time.
- Undertaken a thematic review of incidents and have discussed it at the Incident Decision and Learning Group, including agreement on the next steps

BAF Risk 2 Inability to attract, retain, and develop a skilled and engaged workforce may compromise the delivery of safe, high-quality care, reduce staff morale, and risk non-compliance with regulatory standards.

To note that BAF 2 is the refreshed BAF for 2025/2026 prompting the close out of the BAF 2 and 3 developed for the period 2024/2025. This has been reviewed and where actions are relevant to the Trust's strategic goals in their refreshed form, they have been retained.

BAF 2 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, reflecting ongoing challenges in workforce retention, system optimisation, and cultural transformation.

The proposed target score is 6 (2x3). The Trust should be making appropriate plans to ensure that this is 'unlikely', and the impact would be 'moderate'.

The proposed risk appetite Risk is Seek. There are presently no red operational risks linked to this BAF.

BAF Risk 3

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.

BAF Risk 4 – Failure of the Trust to achieve its financial plan in 2025/26 may result in NHS England taking regulatory action

Rationale for current risk score - The current risk score is 20 (5x4) based on an almost certain and major impact assessment. The Trust had set a breakeven plan which includes £26.95m of deficit funding and a distribution of the Integrated Care Board surplus. To achieve this plan the Trust is required to deliver a Cost Improvement Programme of £38.976m. At plan submission £8.9m of the Cost Improvement Programme was unidentified with most of the remainder at either 'Opportunity' or 'Plans in Progress' status.

The target risk score is 12 (4x3). This is based on a reduction in likelihood (from 4 to 3) and a reduction in consequence (from 5 to 4). This will be reviewed throughout the year and will reflect the Trust having a robust forecast to deliver the 2025/26 financial plan, a fully identified Cost Improvement Programme for 2025/26 that is delivering and recurrent cost savings maintaining the Trusts underlying financial position against the financial recovery plan.

Items to note

To note that the Committee maintained 'positive' Committee level assurance rating at its last meeting. Also, ahead of refreshing the BAF to reflect the refreshed Trust strategy, the committee also agreed to the closure of the risk in the risk register for the year.

BAF Risk 5 – Failure to achieve operational performance requirements and deliver strategic goals

The current risk score is 16 (4x4). This is on the basis that the current likelihood is "likely". The impact of this risk, should it be realised for the Trust's services, is 'major'.

The target risk score is 12 (3 x 4).

The impact of this risk should it be realised would remain as major, but the likelihood for the Trust should be reduced to possible.

Next Steps

Once approved the Board Assurance Framework (BAF) will be overseen by the assigned committee with regular summary updates being presented to the Board.

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 reviewed and reset Board Assurance Framework		
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:		

Appendix 1 Summary Draft Board Assurance Framework (BAF): July 2025 update

- The following table captures the progress related to development of BAF risks

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	Quality	Failure to deliver the right care, in the right place at the right every time resulting in poor clinical outcomes and patient experience.	Medical Director Chief Operating Officer Chief Nurse	Quality	20 (4x5)	9 (3x3)	9 (3x3)	Cautious 9	Positive Apr 25
2	Workforce	Failure to recruit, retain, train, develop, engage, and support an effective workforce will compromise the ability to deliver safe and effective care, maintain staff morale and regulatory compliance.	Chief People Officer	People	20 (4x5)	12 (4x3)	6 (3x2)	Seek 16	
3	Partnerships	Failure 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	Chief Integration Officer	Integration	12 (3x4)	12 (3x4)	8 (2x4)	Significant 20	Positive Apr 25
4	Finance	Failure of the Trust to achieve its financial plan in 2025/26 may result in NHS England taking regulatory action	Director of Finance	Finance and Productivity	20 (5x4)	20 (5x4)	12 (4x3)	Open 12	Positive Apr 2025
5	Operational Performance	Failure to achieve operational performance requirements and deliver strategic goals	Chief Operating Officer	Finance and Productivity	20 (5x4)	20 (5x4)	12 (4x3)	Open 12	
6	IT and Digital Infrastructure	<i>Awaiting descriptor</i>	Group Chief Strategy & Digital Officer Group Chief Development Officer	Infrastructure	<i>Awaiting information</i>				

Risk Scoring Levels					
Consequence score	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/ recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

Score	Level	Colour
1-4	Low risk	
5-12	Moderate risk	
15-16	High risk	
20-25	Extreme risk	

Committee Assurance Level <i>descriptors updated March '23</i>	
Positive	The committee is satisfied that the current approach to managing this strategic risk is appropriate and effective. Prompt and proportionate action is being taken to close any gaps in control or assurance, providing confidence that we can reduce the risk to its target score within twelve months.
Inconclusive	Progress is being made to close gaps in controls and assurance but not all actions have been completed on time or have yet had the desired impact. It is uncertain whether the current approach to managing this strategic risk will be sufficient to reduce the level of the risk to the target score within twelve months.
Negative	There has been a lack of progress with the actions necessary to manage this risk. The level of risk may also have increased significantly since the risk was originally assessed, due to factors outside of the trust's direct control. The current approach to managing this strategic risk is unlikely to be effective and requires major revision
This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.	

Risk Appetite Definitions and assigned tolerance range and upper limits

Appetite Definition	Risk score tolerance range	Tolerance Limit
None	0	0
Minimal	1-5	5
Cautious	4-9	9
Open	8-12	12
Seek	12-16	16
Significant	16-25	20

Paper for submission to the Board of Directors on 10 July 2025

Report Title:	New Joint Board Committee's Report
Sponsoring Executive:	Gary Crowe, Deputy Chair
Report Author:	Gary Crowe, Deputy Chair Dan Conway, Associate Director of Corporate Governance/Company Secretary Helen Board, Board Secretary

1. Summary of key issues
Background

Following review by both Trust Boards in May 2025, the draft Terms of Reference (ToR) for the Joint Infrastructure Committee were formally endorsed at the committee meeting held on 30 May 2025.

The Board is now asked to approve the Joint Infrastructure Committee Terms of Reference (Appendix 1), noting that further refinements may be made following the upcoming Infrastructure Committee workshop in July 2025.

The establishment of this Committee demonstrates the Trust's commitment to enhanced oversight and strategic leadership across key domains, including estates, facilities, sustainability, digital infrastructure, and capital planning.

The ToR clearly define the Committee's purpose, scope, responsibilities, and reporting arrangements, and have been developed in alignment with the Group's governance framework.

Both Trusts have expressed interest in exploring the formation of additional joint committees in the future, as part of ongoing efforts to strengthen collaboration and shared governance.

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 July 2025

4. Recommendation

The Public Trust Board is asked to:

- a) **Approve** the Joint Infrastructure Committee Terms of Reference

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 ref:	Enclosure 1
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Sandwell & West Birmingham NHS Trust
The Dudley Group NHS Foundation Trust

REPORT TITLE:	Infrastructure Committee Terms of Reference		
SPONSORING EXECUTIVE:	Rachel Barlow – Group Chief Development Officer Adam Thomas, Group Chief Strategy and Digital Officer		
REPORT AUTHOR:	Rachel Barlow – Group Chief Development Officer Adam Thomas, Group Chief Strategy and Digital Officer		
MEETING:	Infrastructure Committee	DATE:	30 th May 2025

Suggested discussion points <i>[two or three issues you consider the committee should focus on in discussion]</i>
<p>Following approval by both Trust Board's, the Terms of Reference (ToR) for the newly established Infrastructure Committee are now presented to the Committee for formal endorsement.</p> <p>The creation of the Infrastructure Committee reflects the Trust's commitment to strengthening oversight and strategic leadership in key areas related to estates, facilities, sustainability, digital infrastructure, and capital planning.</p> <p>The ToR set out the Committee's purpose, scope, responsibilities, and reporting arrangements, and have been developed in alignment with the Group's governance framework.</p> <p>The Committee endorsement is now sought to enable the formal commencement of business under the defined structure.</p>

Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>

Recommendation(s)
The Committee is asked to:
a) ENDORSE the Terms of Reference as agreed by the Trust Board.
b)
c)

Escalation
Should any element of this report be escalated:



Board Joint Infrastructure Committee

Terms of Reference

- Reference to “the Committee” shall mean the Infrastructure Committee
- Reference to “the Trusts” shall mean The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust
- Reference to “the Boards” shall mean the Trust Boards of the above-mentioned organisations
- Reference to “the infrastructure” shall mean digital, data and technology, estates and facilities management strategies and assets for both Trusts

1. Constitution

- 1.1 The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust hereby resolve to establish a joint Committee of their respective Boards to be known as the Infrastructure Committee. The Committee has the executive powers, delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of both Boards.

2. Authority

- 2.1 The Committee is invested with the delegated authority to act on behalf of Boards. The limit of such delegated authority is restricted to the areas outlined in the duties of the Committee contained within these Terms of Reference and subject to the rules on reporting, as defined below.
- 2.2 The Committee is authorised to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its inquiries.
- 2.3 The Committee is authorised by the Boards to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice is to be arranged in consultation with the Trust Secretary.

3. Purpose

- 3.1 The purpose of the Committee is to oversee the development of digital, estate and sustainability plans inclusive of the regenerative opportunities with partners that significantly improve customer and staff experience and rationalise the Trusts’ estate, whilst improving efficiency and saving money.
- 3.2 In overseeing the development of plans, the Committee will seek assurance that they align with the national shifts* in healthcare that are part of the government's 10-Year Health Plan, aimed at modernising the NHS and meeting the needs of a changing population.

**Moving care from hospitals to communities, embracing digital technology, and shifting from treating illness to preventing it.*

- 3.3 The Committee will provide oversight of, and assurance, to the Boards on aspects of the respective Trusts' infrastructure supporting the provision of high quality, patient-centred care.
- 3.4 The Committee will support the Boards by obtaining objective assurance that:
- a. The digital, data and technology, estate and facilities management (i.e. the infrastructure) for both Trusts, enable the provision of outstanding care for patients.
 - b. Processes for the management and delivery of the infrastructure across the Trusts are robust and effective in supporting the organisation to deliver its strategic objectives.
 - c. Structures to support the governance of the infrastructure operate effectively and action is taken to address areas of concern.
 - d. Risks relating to the infrastructure, as contained in the Board Assurance Frameworks and Corporate Risk Registers, are being managed and that action taken will result in the intended outcomes.
 - e. Effective and active stakeholder engagement is in place to optimise regenerative and investment opportunities.
 - f. All major investment cases demonstrate delivery of a benefits case.
 - g. There is an effective communication and engagement plan supporting the plans.
- 3.5 The Committee will alert the Boards where assurance cannot be given, or further work or consideration is recommended.
- 3.6 The Committee will advise the Boards on matters within these Terms of Reference.

4. Duties

The duties of the Committee are as follows:

- 4.1 At the time of establishment of the Committee, receive a baseline assessment of estates, facilities management, sustainability, digital, data and technology.
- 4.2 Provide oversight and assurance on the development and delivery of plans relating to estates and facilities management, sustainability, digital, data and technology which support the Trusts' plans and operational requirements.
- 4.3 Receive reports relating to the creation and delivery of infrastructure plans, aligned to Trusts' strategies, to provide assurance that the Trusts have an adequate infrastructure with the necessary plans and resources to meet the present and future needs of patients and staff.
- 4.4 Ensure alignment with the Black Country and Birmingham and Solihull Integrated Care Systems' plans for infrastructure and sustainability, including progress towards net zero.

- 4.5 Review long-term capital planning for new facilities, systems and equipment, upgrades, and maintenance.
- 4.6 Receive assurance that adequate resources (staff, technology, funding) are allocated to support the Trusts' infrastructure need.
- 4.7 Receive reports and track progress made in realising the expected benefits from estates and digital investments made by the Trusts.
- 4.8 Have oversight of independent internal and external reviews and audits of the infrastructure through the receipt of progress reports and oversee the post-review and audit implementation plans and impact.
- 4.9 Have oversight of premises risks, including those arising from health and safety matters, private finance initiative (PFI) compliance and remediation of passive fire protection issues within the estate; PFI managed or by direct management.
- 4.10 Provide assurance to the Boards that:
- a. Legal and regulatory requirements relating to digital, data and technology, estates and facilities management are met.
 - b. The Trusts are meeting their obligations relating to nationally mandated standards for the delivery of digital, data and technology, and the management of estates and facilities.
 - c. Group level estates solutions which provide the opportunity to deliver improvements at pace and scale, leveraging and harnessing collaborative resources and efforts across DGFT and SWB, are identified and sequenced to meet the strategic objective priorities; this includes
 - d. Removal of RAAC (Trinity House, Rowley and Russells Hall) with significant decant required to maintain full-service portfolio
 - e. Oversee the development of NHS Local Improvement Finance Trust (LIFT) opportunities, such as Ridge Hill Stourbridge, to establish community-based services such as stroke rehabilitation, community outpatients and step-down facilities, which promote better care for the Black Country population.
 - f. The master plan for development of the City Health Campus, inclusive of:
 - The development of the City Health Campus, including future right sizing of the Birmingham Midlands Eye Centre
 - Business case for mixed residential/commercial development and associated revenue opportunities
 - g. Master plan for the development of the Sandwell Health Campus, inclusive of:
 - Service reconfiguration to optimise use of space and asset
 - Establishment of a high performing elective hub
 - Potential future development of a diagnostic community hub
 - Business case to release land asset and associated revenue opportunities
 - h. Processes are in place to understand and utilise digital, data and technology, estates and facilities management.

- i. Operational IT infrastructure risk, including cyber security, is appropriately and effectively managed.
- j. Estates, digital and sustainability plans enable delivery of the Trusts strategic objectives for patient, people and population/ place, inclusive of wider stakeholder engagement.
- k. Benefits are identified and delivered against all major investment cases.
- l. The associated communications plans for infrastructure are insight led and measurable.

4.11 Provide assurance to the Boards regarding the content of:

- a. Digital Plans (including Maturity Assessment and associated action plan).
- b. The digital International Organisation for Standardisation (ISO) accreditations and associated action plans.
- c. Cybersecurity and Cyber-resilience.
- d. Data Security and Protection Toolkit.
- e. IT Operations service performance reporting and quality improvement plans.
- f. Data and Analytics performance reporting and quality improvement plans.
- g. Oversight of delivery plans which support the Trust strategy / annual plan.
- h. Premises Assurance Model.

4.12 Receive reports as follows.

- a. Data Protection Officers
- b. Estates Operations and Compliance Group
- c. Digital Steering Group
- d. Data Quality Group
- e. Sustainability and Green Plan Groups
- f. Digital, Data and Technology SLT
- g. From Executive Directors

4.13 Consider the control and mitigation of infrastructure related risks, and review and provide assurance to the Boards on those elements of the Strategy identified as the responsibility of the Committee (digital, data and technology, estates and facilities management), seeking where necessary further action and / or assurance to control and mitigate. This review should be upwardly reported to the Boards.

4.14 Report any areas of significant concern to the respective Audit Committees or Boards as appropriate.

4.15 Recommend changes to the Board Assurance Frameworks relating to emerging risks and existing entries within its remit for the executive to consider.

4.16 Give due consideration to equality, diversity, and inclusion in carrying out its duties.

4.17 Maintain oversight of the respective Trust policies within the scope of the Committee.

5. Membership

5.1 Members of the Committee shall be appointed by, and may be removed by, the Boards.

5.2 The Committee shall be made up of at least nine members drawn from the Boards, comprising a minimum of five Non-executive Directors and four members of the Executive teams, including the Group Chief Strategy and Digital Officer, Group Chief Development Officer and Chief Finance Officers. Non-executive Director members shall be greater than the number of Executive Director members.

5.3 One of the Non-executive Director members will be appointed by the Trust as the Chair of the Committee across the two Trusts.

5.4 The following roles holders from each organisation will be regular attendees at the Committee meeting, or in their absence a suitable deputy:

- Director of Estates
- Operational Chief Information Officer
- Director of Digital / IT / Operational IT
- Digital Strategy Director
- Chief Operating Officer
- Group Chief People Officer
- Chief Nursing Officer/Chief Medical Officer (Rotational)
- Group Director of Primary Care, Community and Therapies.
- Senior Information Risk Owner
- Trust Data Protection Officer

5.5 In the absence of the Committee Chair, the remaining members present shall elect one of the Non-Executive Director members present to chair the meeting.

5.6 Other individuals may be invited to attend and assist the Committee from time to time in relation to specific items of business.

5.7 The Group Chief Development Officer and Group Chief Strategy and Digital Officer shall act as the joint executive leads for the Committee.

5.8 Board members from each Trust shall be permitted to attend or receive meeting minutes.

6. Frequency

6.1 Meetings shall be held no fewer than six times per year and at such other times as the Chair of the Committee shall require.

6.2 The Chair can cancel and/or reschedule meetings if required.

7. Quorum

7.1 The Committee shall be deemed quorate if there is representation of a minimum of five members, at least three of whom shall be Non-executive Directors representing both Trusts (the Chair of the Committee may be counted as a Non-executive Director for quorum purposes).

7.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and duties vested in or exercised by the Committee.

8. Agendas and Reporting

8.1 Meetings of Committee shall be called by the Trust Secretary at the request of the Chair of the Committee.

8.2 Agendas and briefing papers will be prepared and circulated in sufficient time, at least five working days in advance, for Committee Members to give them due consideration.

8.3 Minutes and actions of Committee meetings to be formally recorded and distributed to the Committee Chair within 10 working days of the meetings.

8.4 The Committee shall report to each Board meeting held in public, through the Deputy Chairs' Integrated Board Committees Assurance Report, to:

8.4.1 Advise, alert, and assure the Boards of any matters pertaining to the business of the Committee; and

8.4.2 notify the Boards should any irregularity be identified.

8.5 The Committee shall report to the Council of Governors (for DGFT) via the Chairs' report on matters pertaining to the business of the Committee as deemed necessary.

8.6 An annual report from the Committee to the Boards to be produced to demonstrate the Committee's discharge of its duties.

8.7 The Chair of the Committee shall attend the Annual General Meetings / Annual Members Meetings of the Boards prepared to respond to any member's questions on the Committee's activities.

9. Other Matters

9.1 The Committee shall be supported administratively by a Trust Secretary, or their nominee, whose duties in this respect will include:

9.1.1 Agreement of agenda with Chair of the Committee and attendees and collation and circulation of papers.

9.1.2 Arranging for taking the minutes and keeping a record of matters arising and issues / actions to be carried forward.

9.1.3 Advising the Committee on pertinent areas; and

9.1.4 Arranging for the Committee to receive independent legal and professional advice, if required.

10. Conduct of Business

10.1 The conduct of business will conform to guidance set out in the Boards' Standing Orders, unless alternative arrangements are defined in these Terms of Reference.

10.2 The Committee's performance will be reviewed annually and reported to the Trusts' Audit Committee and the Board.

11. Declaration of Interests

11.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

12. Review and Approval

12.1 The Terms of Reference are to be reviewed by the Committee and approved by the respective Boards at least annually.

Date of Approval:

The Dudley Group NHS Foundation Trust Board of Directors:	
Sandwell and West Birmingham NHS Trust Board:	