

# **Council of Governors Meeting Papers**

**Thursday 18 September 2025 4:00pm – 6:00pm**

**Rooms 7 & 8, Clinical Education Centre, 1<sup>st</sup> Floor, South Block,  
Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ**

## Performance

- 28 day faster diagnosis standard (Target 77%) – 78%
- 31 day decision to treat to treatment (Target 96%) – 97.1%
- 62 day referral to treatment (Target 85%) – 76.2%

## Infection prevention & control for July

- Clostridium difficile – 1 post 48 hours (hospital onset).
- MRSA bacteraemia – 0 cases post 48-hour cases.
- MSSA bacteraemia – 5 post 48-hour cases.
- E coli bacteraemia – 4 post 48-hour cases.
- Klebsiella bacteraemia – 0 post 48-hour cases.
- Pseudomonas bacteraemia – 2 post 48-hour cases.

## FINAL Full Council of Governors meeting

18 September 2025 16:00hr

Rooms 7 & 8, Clinical Education Centre, 1<sup>st</sup> Floor, South Block, Russells Hall Hospital,  
Pensnett Road, Dudley, DY1 2HQ

No.	Time	Item	Paper ref.	Purpose	Presenter
1.	16.00	<b>Welcome</b> 1.1 Introductions & Welcome 1.2 Apologies	Verbal	For noting	Sir David Nicholson, Chair
2.		<b>Council Meeting</b> 2.1 Declarations of Interest <a href="https://www.dgft.nhs.uk/about-us/publications/register-of-interests/">https://www.dgft.nhs.uk/about-us/publications/register-of-interests/</a> 2.2 Quoracy 2.3 Announcements	Verbal	For noting	Sir David Nicholson, Chair
3.		<b>Previous Meeting</b> 19 <sup>th</sup> June 2025 – Full Council 3.1 Minutes 3.2 Matters Arising 3.3 Update on actions	Enc 1	For approval/assurance	Sir David Nicholson, Chair
4.	16.05	<b>Spotlight –</b> Winter Planning 2025/26	Presentation	For information & discussion	Jack Richards, Deputy Chief Operating Officer
5.	16.25	<b>Chief Executive's update</b>	Enc 2	For information & discussion	Adam Thomas, Group Chief Strategy & Digital Officer
6.	16.35	<b>Chair's update</b> 6.1 Board of Directors held in July 2025 6.2 Update on Corbett Meadow 6.3 Non-executive committee chair feedback <i>by exception in respect of items for assurance, items to escalate and corporate risks</i>	Enc 3 Verbal	For information / assurance	Sir David Nicholson, Chair
7.	16.45	<b>Integrated Quality and Operational Performance Report</b>	Enc 4	For noting/assurance	Jonathan Odum, Interim Medical Director, Jack Richards, Deputy Chief Operating Officer, Jo Wakeman, Deputy Chief Nurse
8.	16.55	<b>The Journey to Single Board</b>	Enc 5	For information	Gary Crowe, Deputy Chair
9.	17.05	<b>Trust Strategy &amp; Annual Plan progress report – Q1 2025/26</b>	Enc 6	For assurance	Adam Thomas, Group Chief Strategy & Digital Officer

10	17.15	<b>University Hospital Status</b>	Enc 7	For information	Helen Board, Board Secretary
11	17.25	<b>Dermatology Services Update</b>	Enc 8	For information	Dr Indre Verpetinske
12	17.35	<b>Board Secretary update</b>	Enc 9	For approval / assurance	Helen Board, Board Secretary
13	17.45	<b>Lead Governor update</b>	Verbal	For information	Alex Giles, Lead Governor
14	17.50	<b>Experience &amp; Engagement Committee update</b>	Enc 10	For assurance	Mushtaq Hussain, Committee Chair
15	17.55	<b>Any Other Business</b> (to be notified to the Chair)	Verbal	For noting	Sir David Nicholson, Chair
16	18.00	<b>Reflections on the meeting</b>	Verbal		All
17		<b>Close of meeting and forward meeting dates:</b>  <b>Council of Governors Meeting:</b> Extraordinary meeting in October 18 <sup>th</sup> December 2025 19 <sup>th</sup> March 2026 <b>Annual Members Meeting:</b> 16 <sup>th</sup> October	Verbal		Sir David Nicholson, Chair

**Quoracy:**

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

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



**UNCONFIRMED Minutes of the Full Council of Governors meeting**
**Thursday 19<sup>th</sup> June 2025, 16:00 hrs**
**Seminar Rooms 1 & 2, Undergraduate Centre, 2<sup>nd</sup> Floor, North Wing, Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ**

<b>Governors</b>		<b>19.06.2025</b>	
Mr Julius Adams	Public: Halesowen	√	
Mr Lewis Callary	Public: Rest of England	√	
Ms Jill Faulkner	Staff: Non-clinical	√	
Mr Alex Giles	Public: Stourbridge	√	
Mrs Sandra Harris	Public: Central Dudley	√	
Ms Natalia Hill	Appointed: University of Wolverhampton, Inst. Of Health	A	
Mrs Vicky Homer	Public: South Staffs & Wyre Forest	A	
Mr Mushtaq Hussain	Public: Central Dudley	√ Left at 16:30	
Ms Clare Inglis	Staff: AHP, Pharmacy & Health Care Scientists	√	
Mr Yunzheng Jiao	Staff: AHP, Pharmacy & Health Care Scientists	A	
Mr Anand Letha	Staff: Nursing & Midwifery	A	
Mrs Maria Lodge-Smith	Public: Stourbridge	NA	
Dr Atef Michael	Staff: Medical & Dental	A	
Mrs Lyndsay Millington	Staff: Nursing & Midwifery	√	
Mrs Elizabeth Naylor	Public: North Dudley	A	
Mrs Khadeejat Ogunwolu	Staff: Nursing & Midwifery	A	
Ms Angelika Pachowicz	Public: Brierley Hill	√	
Dr Rinesh Parmar	Staff: Medical & Dental	A	
Ms Yvonne Peers	Public: North Dudley	√	
Mr Arinderpal Sikham	Public: Tipton & Rowley Regis	√	
Cllr Alan Taylor	Appointed: Dudley MBC	A	
Mr Phil Tonks	Public Brierley Hill	√	
Mrs Mary Turner	Appointed: Dudley CVS & Trust volunteers	√	
Ms Joanne Williams	Public: Halesowen	NA	
Mr Jonathan Woolley	Staff: Partner Organisations	√	

<b>Attendees – DG NHS FT</b>		<b>19.06.2025</b>	
Ms Rachel Barlow	Group Chief Development Officer	√	
Mrs Helen Board	Board Secretary	√	
Mrs Laura Broster	Group Director Communication and Engagement	√	
Mr Ian Chadwell	Deputy Director of Strategy	√	
Ms Sally Cornfield	Programme Director for Dudley Place	√	
Professor Gary Crowe	Non-executive Director – <b>Chair of meeting</b>	√	
Rebecca Edwards	Check her job title Directorate Manager	√	
Mr Peter Featherstone	Non-executive Director	A	
Mr James Fleet	Group Chief People Officer	√	
Mrs Joanne Hanley	Non-executive Director	A	
Professor Anthony Hilton	Associate Non-executive Director	√	
Dr Julian Hobbs	Medical Director	A	
Ms Catherine Holland	Non-executive Director	√	
Professor Liz Hughes	Non-executive Director	√	
Mrs Karen Kelly	Chief Operating Officer	A	

Mr Mick Lavery	Associate Non-executive Director	A	
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	√	
Dr Mohit Mandiratta	Non-executive Director	A	
Mrs Martina Morris	Chief Nurse	A	
Mrs Anne-Maria Newham	Non-executive Director	A	
Sir David Nicholson	Trust Chair	A	
Mr Vij Randeniya	Non-executive Director	A	
Mr Jack Richards	Deputy Chief Operating Officer	√	
Ms Kat Rose	Director of Strategy & Partnerships	√	
Mr Adam Thomas	Chief Information Officer	√	
Ms Diane Wake	Chief Executive	√	
Mr Chris Walker	Interim Director of Finance	A	
Mrs Jo Wakeman	Deputy Chief Nurse	√	
Mr Lowell Williams	Non-executive Director	A	

Key:    √ – Present

A – Apologies received

NA – Non-attendance

<b>COG 25/18.0</b> 16.00	<b>Welcome</b>
<b>COG 25/18.1</b>	<p><b>Introductions &amp; Welcome</b></p> <p>The Chair welcomed everyone to the meeting and thanked attendees for joining on a hot and humid day. The Chair began the meeting with some introductory notes and staff welcomes.</p> <p>The Chair introduced the newly appointed Group Directors and invited them to say a few words:</p> <ul style="list-style-type: none"> <li>• <b>James Fleet</b>, Group Chief People Officer, introduced himself, noting that he had previously held the role of Chief People Officer at the Trust around three and a half years ago. He expressed delight at returning and recognised a number of familiar faces.</li> <li>• <b>Rachel Barlow</b>, Group Chief Development Officer, outlined her background as former Managing Director for the Midland Met Programme at Sandwell and West Birmingham Hospitals NHS Trust. She highlighted her portfolio of estates and facilities management, regeneration, and partnerships.</li> <li>• <b>Laura Broster</b>, Group Director of Communication and Engagement, introduced herself, noting over 20 years' experience in NHS communications, beginning her career at Dudley Beacon &amp; Castle PCT.</li> </ul> <p>The Chair welcomed two new governors:</p> <ul style="list-style-type: none"> <li>• <b>Arinderpal Singham</b>, Public Governor, Tipton and Rowley Regis.</li> <li>• <b>Dr Rinesh Parmar</b>, Staff Governor, Medical and Dental.</li> </ul> <p>It was also noted that <b>Cllr Alan Taylor</b> had been reappointed by Dudley Metropolitan Borough Council.</p> <p>The Chair dedicated the meeting to <b>Yvonne Peers</b>, recognising her completion of three full terms as a governor and her long-standing commitment, contributions, and dedication to the Trust. He also extended gratitude to <b>Dr Atef Michael</b> (not present) for his contribution as a governor. Particular appreciation was expressed to Y Peers for her quiet but impactful efforts over the years, with thanks conveyed on behalf of Sir David Nicholson.</p>
<b>COG 25/18.2</b>	<p><b>Apologies</b></p> <p>Apologies had been received, as noted above.</p>
<b>COG 25/19.0</b>	<b>Council Meeting</b>
<b>COG 25/19.1</b>	<p><b>Declarations of interest</b></p> <p>The Chair asked if anyone present had any declarations or conflicts of interest to note regarding any of the items on the agenda; there were none.</p> <p>The Chair and the non-executive directors noted that they had a conflict with item 9 on the agenda. It was agreed that the non-executive directors present would remain in the meeting for the discussion.</p>

	There were no other declarations made.
<b>COG 25/19.2</b>	<b>Quoracy</b>  The meeting was declared quorate.
<b>COG 25/19.3</b>	<b>Announcements</b>  M Hussain notified the Chair that he would need to leave at 4:30 pm due to another meeting commitment with the local council.
<b>COG 25/20.0</b>	<b>Previous meeting</b>
<b>COG 2/20.1</b>	<b>Previous Full Council of Governors meetings held on 19<sup>th</sup> December 2024</b> (Enclosure 1)  The minutes from the previous meeting held on 20 <sup>th</sup> March 2025 were approved as an accurate record of the meeting.
<b>COG 25/20.2</b>	<b>Matters arising – Rapid release – Update on Medical Examiner Out of Hours Service</b> (Enclosure 2)  The Chair introduced the item, noting that the paper was included as a follow-up to a question raised at the previous meeting. R Edwards provided the update on behalf of J Hobbs.  R Edwards advised that the service was currently operating at weekends for acute deaths, with a Medical Examiners Officer on duty on Saturdays and Sundays. This arrangement was funded as an additional cost. A Black Country-wide model remained under discussion, although progress was challenging due to four different local approaches. Since the service commenced in March, two calls had been received via the helpline, both of which required referral to the Coroner or GP input, and therefore, bodies could not be released until the Monday.  Effective from the August bank holiday, cover would be extended to include bank holidays. The main challenge remained community deaths, where confirmation of the cause of death required GP input. As GPs do not operate over weekends, delays occurred unless the Coroner was involved, whose office also did not operate on weekends. Current rota arrangements would continue until August while discussions progressed.  The Chair asked whether these arrangements were typical nationally. R Edwards advised that there was a variation across the country, with most areas providing some weekend cover on an ad hoc basis.  M Hussain welcomed the progress on establishing an out-of-hours service and noted that discussions had taken place with the Coroner, Council representatives, and Trust representatives. He emphasised that GP involvement was critical and referenced Yorkshire as an example of successful GP engagement. He also raised concerns that faith communities had not been engaged in the process, despite earlier commitments, and urged that steps be taken to involve them going forward.



	<p>The Chair acknowledged that, although the Trust had committed to engage with faith groups, this had not yet been delivered. The Chair accepted the criticism and agreed that steps should be taken to address this gap.</p> <p>The Chair noted the establishment of a formal group with the Council and asked whether lessons could be learned regarding engagement with faith groups. R Edwards acknowledged that, while discussions had taken place with elected members, staff, and the chaplaincy, further engagement with the wider community and faith groups could have been undertaken, and agreed to follow up on this.</p> <p>D Wake highlighted that, while the service provided additional support, activity had been very limited (only two cases since March), representing a significant cost pressure to the Trust. A review of the service would be required, as with other services, to ensure the best use of resources.</p> <p>The Chair agreed, adding that the review should involve all relevant parties, seek consensus, and ensure appropriate engagement with faith groups.</p> <p>The Council was asked to:</p> <ul style="list-style-type: none"> <li>- <b>Note</b> the current arrangements for the provision of a weekend Medical Examiner provision and ongoing efforts to resolve as a system-wide solution.</li> </ul> <p>No further matters were raised.</p>
<b>COG 2/20.3</b>	<p><b>Update on actions</b></p> <p><b>COG24/56</b> – Integrated Quality and Operational Performance Report</p> <ul style="list-style-type: none"> <li>• Complaints Management to be added to the agenda for March 2025. M Morris to provide a more detailed update on complaint resolution. <ul style="list-style-type: none"> <li>○ A Complaints Responsiveness Report was included on the agenda under item 13. This action was now completed.</li> </ul> </li> </ul> <p><b>COG25/3.2</b> – Matters Arising</p> <ul style="list-style-type: none"> <li>• Medical Director to provide an update at a Future Council of Governors meeting on: <ul style="list-style-type: none"> <li>- Ongoing engagement with faith communities regarding the Medical Examiner's Service.</li> <li>- Current arrangements for managing deaths in the community, including involvement of GPs. <ul style="list-style-type: none"> <li>○ An update on the Medical Examiner Out of Hours Service paper was included on the agenda under item 3.2. This action was now completed.</li> </ul> </li> </ul> </li> </ul> <p><b>COG25/16</b> – Reflections on the Meeting</p> <ul style="list-style-type: none"> <li>• An update on the dermatology service to be included as an agenda item for a future Council of Governors meeting to explore potential income opportunities and options for service expansion at alternative locations such as Merry Hill and town centres. <ul style="list-style-type: none"> <li>○ Paper to be presented at a future Full Council of Governors' meeting. This action is still open.</li> </ul> </li> </ul>
<b>COG 25/21</b>	<p><b>Service Spotlight – Dudley PLACE and update for governors (Presentation)</b></p> <p>The Chair introduced the agenda item on Place, highlighting its importance to the Trust's strategy and community-focused work.</p>

S Cornfield, Programme Director for Dudley Place, provided an overview of the Dudley Health and Care Partnership, its history, priorities, challenges, and successes. The partnership comprised of multiple organisations, including the recent addition of Shropshire Community NHS Trust, which provided out-of-hours children's services. The mission was, "Community where possible, hospital when necessary." Partnership working had strengthened significantly in recent years, and as of 1<sup>st</sup> April, Andy Gray from the voluntary sector was appointed Chair of the Dudley Health and Care Partnership.

S Cornfield highlighted the following achievements made by Dudley Place:

- Sustained increase in breastfeeding rates through integrated family hubs.
- Successful targeted lung health checks.
- Development of a Patient Charter from Dudley Healthwatch's work with over 1,000 residents.
- Improved use of digital resources (e.g. Dadpad app, with improved outcomes in child development).
- Strengthened partnership effectiveness with clearer priorities and accountability.

She identified the following current challenges:

- Rising prevalence of diabetes and comorbidities.
- Life expectancy gaps across Dudley (up to 8 years' difference within short distances). Deprivation was strongly linked to poorer health outcomes.
- Low physical activity levels, particularly in those over 65.
- Housing pressures, including inadequate homes at the point of hospital discharge.
- Health inequalities linked to deprivation (42% of Dudley residents live in the most deprived areas).
- Low educational attainment (only 55% of children meeting expected Key Stage 2 levels) and disparities in speech and language development by age 2, which impacted on long-term health literacy.

The following actions were underway to help tackle and improve the health inequalities in the community:

- Partnership with housing providers to address issues like furniture poverty, childhood asthma, and warm homes.
- Continued work on poverty reduction, including the fourth Poverty Summit involving providers, food banks, GPs, and residents, with a focus on Proportionate Universalism to direct resources to deprived areas.
- Focus on school readiness and early speech, language, and communication support.
- Development of neighbourhood health models and care closer to home to reduce acute admissions.

Following the presentation, governors were invited to provide written feedback via Post-it Notes on any outstanding questions. Governors were also asked to consider how they might broaden their understanding of the Health and Care Partnership, identify support requirements, and reflect on constituent perspectives if the strategy was successfully delivered.

D Wake highlighted the importance of acknowledging existing financial investments in community-based initiatives, particularly in care navigation. She noted that while not all schemes could be funded this year, specific priorities had been identified.

K Rose noted links to elective work and reducing bed use, referencing Value Stream Analysis (VSA) outcomes showing reduced care home readmissions since the introduction of enhanced care home teams in February. S Cornfield confirmed an updated presentation would be circulated to the Full Council of Governors.

	<p>The Chair asked how the Place Partnership work linked to the Integration Committee. K Rose confirmed alignment, stating that feedback from the committee emphasised the need to improve how the partnership story was communicated. This presentation was being used as a test to strengthen that narrative.</p> <p>D Wake praised the housing partnership work for its potential to reduce failed or delayed discharges. K Rose commended S Cornfield for leading on a successful funding bid through Volunteers for Health. She explained that the funding would enable peer-to-peer volunteer conversations with patients to identify discharge concerns earlier, supported by social prescribers.</p> <p>H Board requested further information on the role of social prescribers. S Cornfield outlined Dudley's eight-year social prescribing programme, describing how social prescribers address social needs, integrate individuals into community activities (e.g., walking groups, gardening), and reduce repeat urgent care attendances, improving health, well-being, and social connection.</p> <p>The Chair thanked contributors, noting that the presentation effectively illustrated the breadth of partnership work in Dudley.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- An updated presentation to be circulated to the Full Council of Governors. <i>[post meeting note: this action was completed]</i></li> </ul> <p>No further comments or questions were raised. The presentation was noted for information.</p>
<b>COG 25/22</b>	<p><b>Chief Executive's update</b> (Enclosure 3)</p> <p>D Wake presented the Chief Executive's update, given as enclosure three.</p> <p>She welcomed the new Group Directors to their first Governors' meeting and acknowledged their contributions across both organisations. She highlighted the ongoing transition toward a single Board, with further appointments planned over the next 6 to 9 months.</p> <p>The Trust's operational performance remained strong, achieving standards for both cancer care and elective care. Elective care referrals were increasing, particularly from patients on the borders of Sandwell and Staffordshire. A detailed analysis of primary care practices generating referrals was underway, in collaboration with the Integrated Care Board, to manage waiting lists. Urgent care performance met the four-hour standard; however, challenges remained with patient admittance delays on specific pathways. Work continued to improve admission avoidance and enhance community-based support.</p> <p>D Wake noted weekly variability in ambulance handovers, with some weeks showing no delays while others experienced daily issues. Teams were working to smooth performance.</p> <p>The 100-day countdown for winter planning had commenced, aligning with the newly published national Urgent and Emergency Care Plan. A key focus was vaccination</p>

uptake, particularly influenza among staff and vulnerable populations, where uptake had declined from pre-COVID levels of 80–90% to 38–40%.

A corporate services improvement programme was underway across the system as part of the Black Country Provider Collaborative work, with ongoing clinical collaboration with other providers. Updates would be made available at a later date.

Positive initiatives and staff awards were highlighted in the report.

A Regulation 28 – Prevention of Future Deaths notice was issued to the Trust relating to a patient who was discharged and subsequently died. Investigations revealed insufficient documentation of referral to the care provider. Corrective actions included implementing robust discharge processes and mandatory documentation of all referrals. D Wake emphasised this was the first Regulation 28 notice since 2018, and lessons had been shared with other Black Country providers to prevent reoccurrence.

The Chair acknowledged D Wake's transparency regarding the case and emphasised the importance of lessons learnt. D Wake confirmed sharing lessons with Black Country providers to strengthen systems.

A Giles reassured governors that he had been kept informed of the Trust's response to the recent Regulation 28 notice via email correspondence. He mentioned that further updates on outcomes and interventions may be provided by the Trust later in the year.

The Chair invited discussion on the Trust's Getting It Right First Time (GIRFT) programme activity over the past year.

D Wake provided an update on the Trust's involvement in the GIRFT programme, led nationally by Professor Tim Briggs CBE.

The Trust was part of the Further Faster Programme, working collaboratively with the four Black Country providers to reduce elective waiting times. The Trust was part of Cohort One and had achieved one of the lowest waiting lists in England, reducing the number of patients waiting over a year.

GIRFT aimed to standardise clinical and administrative processes across the NHS to reduce variability and improve productivity. Examples include:

- Standardised outpatient templates to ensure consistent patient volumes and reduce variation.
- Monitoring and reducing length of stay across specialities.

D Wake highlighted the Trust's national leadership in hip and knee replacement care:

- Average length of stay for these procedures was approximately 1.6 days, with many patients managed as day cases.
- Noted regional variability for the same procedures within the Black Country (3–5 days).
- Additional focus on procedures such as day-case tonsillectomies, where variation existed despite the same surgeons working across sites.
- Ongoing collaboration between clinicians and managers across providers to standardise practice and reduce variation.

D Wake suggested a future presentation to governors to demonstrate data and outcomes from the GIRFT programme.

	<p>The Chair noted that standardising practice through GIRFT improved efficiency and addressed backlog issues. He confirmed that governors were satisfied that the Trust was effectively represented in the wider Black Country initiatives, aligning with regional and national improvement activities.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- Schedule a future presentation at a Full Council of Governors meeting on the Trust's Getting It Right First Time (GIRFT) programme, including data and outcomes achieved to date (e.g., elective waiting time reductions, standardisation of care pathways, and productivity improvements).</li> </ul> <p>No further comments or questions were raised. The report was noted for information.</p>
	<b>M Hussain left the meeting at 4:30 pm</b>
<b>COG 25/23</b>	<b>Chair's Update</b>
<b>COG 25/23.1</b>	<p><b>Chair's Update - Board of Directors Meeting – May 2025 (Enclosure 4)</b></p> <p>The Chair provided an update from the Board of Directors meeting held on 8 May 2025.</p> <p>He noted that a number of items escalated from that meeting appeared on today's agenda, including:</p> <ul style="list-style-type: none"> <li>• Regulation 28 – Prevention of Future Deaths Notice, previously covered by D Wake.</li> <li>• An alert regarding certain infection prevention and control indicators, with the Trust continuing to focus on improvement and learning from other organisations.</li> <li>• Complaints response times, scheduled for discussion later in the agenda.</li> <li>• Winter Plan 2024/25 debrief, which concluded that significant improvement was required. Work was already underway in preparation for the coming winter, particularly across committees, the Board, and Governor forums. Vaccination uptake was highlighted, with participation declining sharply from 80% to 40%.</li> </ul> <p>The Chair also highlighted areas of positive assurance, including:</p> <ul style="list-style-type: none"> <li>• Delivery of a strong financial outcome for 2024/25.</li> <li>• Reduced reliance on bank and agency staff.</li> <li>• Sustained good standards of care across a number of services.</li> </ul> <p>He requested governors to note the May update report, with ongoing monitoring of relevant projects at the July Board meeting and through sub-committees of Board.</p> <p>The Chair confirmed that a site visit to MMUH had been provisionally arranged for 25 July 2024. Attendance was open to governors and non-executive directors, with further details to be circulated.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
<b>COG 25/23.2</b>	<p><b>Non-executive committee chair feedback by exception (Verbal)</b></p> <p>The Chair invited non-executive directors to provide updates on the subcommittees they are members of.</p>

	<p>L Hughes confirmed that most matters from the Quality Committee were already covered on the agenda. She reiterated that the Quality Committee was closely monitoring the Prevention of Future Deaths (Regulation 28) action plan, providing assurance to governors.</p> <p>C Holland reported that there were no matters for escalation from the People Committee. She noted that the committee had commenced a programme of deep dives with divisional managers covering workforce issues such as bank staff usage, sickness, and staff survey results. The first session was considered effective, enabling greater focus and assurance.</p> <p>H Board acknowledged the active attendance of governors at Board subcommittee meetings and thanked them for their contributions. She suggested that governors may wish to share reflections from their observations.</p> <p>A Giles highlighted discussions at the Quality Committee on pressure ulcers and the sepsis pathway, noting good progress while emphasising the need for further work. He also commented on the Finance and Productivity Committee, acknowledging significant ongoing financial pressures being managed transparently. He highlighted the Committee's robust challenge and efficiency efforts despite the difficult landscape.</p> <p>The Chair thanked contributors and reminded the governors that observing committee meetings provided valuable insight into how decisions were enacted in practice.</p> <p>L Hughes expressed appreciation to governors and patient safety partners attending the Quality Committee, noting the important perspectives they bring. She acknowledged ongoing challenges but confirmed that the committee was maintaining strong oversight.</p> <p>No further comments or questions were raised. The update was noted for assurance.</p>
<b>COG 25/24</b>	<p><b>Integrated Quality and Operational Performance Report (Enclosure 5)</b></p> <p>J Wakeman and J Richards presented the Integrated Quality and Operational Performance report.</p> <p>J Wakeman presented the Quality report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Trust continued to achieve SSNAP Level B (Sentinel Stroke National Audit Programme), consistently maintaining strong performance in stroke care.</li> <li>• The Safer Staffing Establishment review had been presented to the Quality Committee. Following data triangulation, staffing and skill mix had been adjusted in specific areas, including Paediatrics in the Emergency Department and on the Paediatric Ward.</li> <li>• Significant improvements had been made in sepsis performance, with Trust compliance increasing from 51% at the start of the programme to 70%. More wards were now meeting the target. Progress aligned with the Quality Strategy, Patient Safety Strategy, and related improvement plans, which also covered pressure ulcers and sepsis outcomes.</li> <li>• In January, new functional risk ratings for cleaning standards were introduced. Policies had been agreed by the Trust and shared with primary care colleagues and Mitie. The process enabled external scrutiny of all clinical areas. While some areas experienced a decline, the Trust remained confident that ratings were aligned with national requirements.</li> </ul> <p>J Richards presented on the Operational Performance report and highlighted the following key areas:</p>

**Emergency Care Performance:**

- Emergency Department (ED) performance for March stood at 80.49%, exceeding the national target of 78%, despite sustained winter pressures, particularly among non-admitting patients.
- ED Triage performance was lower at 76%, falling short of the national target. Challenges were noted in front triage and minors, although ambulance arrivals performed strongly, with 95% triaged within 15 minutes.
- There were 3,215 ambulance arrivals in March, higher than in January or February. 16% experienced offload delays over one hour, requiring urgent attention. While some improvements were noted, performance remained inconsistent. The Trust engaged with the GIRFT (Getting It Right First Time) programme to maintain proactive risk management.

**Cancer Performance:**

- 28-Day Faster Diagnosis: 87.1%, above the 77% national standard.
- 31-Day Decision to Treat: 93.6%, slightly below target.
- 62-Day Referral to Treatment: 70.5%, just above the national standard.
- Pressures were noted in prostate and gynaecology pathways, with increased referrals but no corresponding rise in cancer diagnoses. Closer collaboration with primary care was highlighted to ensure appropriate referrals and optimise pathway efficiency and patient outcomes.

**Diagnostics:**

- Overall performance in March was 86.5%, with strong performance in bone density scans, endoscopy, cardiology, and ultrasound (all above 95%).
- Sleep studies were at 41.63%, reflecting notable underperformance. A recovery plan, including additional staff and equipment, had been implemented, with full recovery expected by June.

**Elective Care:**

- The 18-Week Referral to Treatment (RTT) performance stood at 59.9%, compared to an end-of-year target of 64.2%. While below trajectory, the position had improved incrementally.
- The 52-Week Wait was slightly behind plan in March. Substantial work was underway in both the medical and surgical divisions, with each case tracked on a monthly basis, patient by patient. Divisional teams remained fully sighted on their targets.

**Pathology Services (Black Country Pathology):**

- The Urgent 10-Day Histology Performance was reported at 60%, which is below target. The issue was attributed partly to the overuse of 'urgent' categorisation, which could dilute the effectiveness of prioritisation.
- Actions included working with colleagues to ensure only clinically appropriate cases were marked urgent, improving turnaround for genuinely urgent samples.

A Giles asked for clarification on the infection control alerts referenced in the Chair's earlier report, and specifically what the implications were for the Trust. In response J Wakeman stated that the thresholds were set annually for Hospital-Onset Healthcare Associated (HOHA) and Community-Onset Healthcare Associated (COHA) infections. The Trust had exceeded some of these thresholds this year; however, this was consistent with national trends. A significant rise in respiratory infections had been observed, at approximately 200% higher than previous years. This had been a national challenge and the Trust was not an outlier.

The targets were based on historical performance, and for the current year the national focus was a 10% reduction. The Trust had also experienced a small number of outbreaks. Two recent outbreaks occurred in critical care, which required a full decant. These had



	<p>since been resolved and the area was now clear. There had also been an increase in <i>Clostridioides difficile</i> (C. diff) and norovirus, reflecting widespread prevalence in the community, particularly among patients with co-morbidities. The Trust continued to implement robust infection prevention and control measures to mitigate these risks.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
<b>COG 25/25</b>	<p><b>The Journey to Single Board (Verbal)</b></p> <p>The Chair provided a brief verbal update on the ongoing work towards establishing a single board arrangement with Sandwell and West Birmingham Hospitals NHS Trust.</p> <p>The initiative aimed to enhance collaboration, productivity, and efficiency, while sharing best practices to improve services for patients and service users. Several joint executive appointments had already been made across both organisations, marking the first step in this process and already showing positive impact, although it remains at an early stage.</p> <p>The current target was to establish a joint executive and non-executive board by April 2026. On behalf of the Board, the Trust Chair, Sir David Nicholson, had ensured that the Lead Governor, A Giles, was involved in ongoing discussions, and governors were asked to continue endorsing his involvement.</p> <p>Development of joint committees across both organisations would begin with the Joint Infrastructure Committee, followed by committees covering finance and productivity, people, and quality. Careful planning was required to ensure committees were aligned while maintaining strong governance within each individual organisation.</p> <p>As part of the transition, the number of non-executive directors (NEDs) would be reduced to eight: two dedicated to The Dudley Group NHS Foundation Trust-specific roles (Senior Independent Director and Audit Committee Chair) and six shared across both organisations. This reduction would require sensitive discussions with current colleagues, taking into account terms of office and natural turnover.</p> <p>A joint workshop between the two trust boards was scheduled for, 20<sup>th</sup> June 2025, to work through the logistics of the transition, including the timing for joint committees, NED appointments, and ensuring transparent and thoughtful engagement with colleagues.</p> <p>A further Council of Governors briefing would be arranged in the autumn. The Council's approval and support would be required for the new NED appointment process, given its statutory role. A formal paper would also be presented to the Remuneration and Appointments Committee and subsequently to the Full Council of Governors.</p> <p>The Chair invited H Board and D Wake to provide any additional comments. H Board confirmed there was nothing further to add.</p> <p>D Wake emphasised the importance of maintaining site-based directors to ensure visibility and governance at both trusts, noting that place-based working was essential to serving local communities. She also highlighted the need for further alignment on the number of executive directors within the new structure.</p>



	<p>The Chair acknowledged the potential impact of upcoming changes in the 10-year plan, reaffirming the commitment to focus on patient outcomes, community representation, and Place-based benefits.</p> <p>A Giles provided assurance from the recent Remuneration and Appointments Committee meeting, highlighting that Sir David Nicholson had stated that the move towards a single board would not dilute the role of governors. On the contrary, it was expected to strengthen governor's influence and enhance collaborative working.</p> <p>No further comments were raised. The update was noted for information.</p>
<p><b>COG 25/26</b></p>	<p><b>Remuneration &amp; Appointments Committee</b> (Enclosure 6)</p> <p>C Holland presented the outcome of the Chair's appraisal, which had previously been submitted to the Remuneration and Appointments Committee on 10 June. It had been the first time the appraisal had been conducted jointly across all four partner trusts to improve efficiency. C Holland had been asked to lead the appraisal process on behalf of all Senior Independent Directors. This approach was considered appropriate as The Dudley Group NHS Foundation Trust had a Council of Governors, which was required to receive the appraisal, making it logical for the Trust's own senior independent director to lead the process.</p> <p>The appraisal was based on 360-degree feedback gathered from other Senior Independent Directors and colleagues across the trusts. Feedback was consistent across all sources and strongly affirmed the Chair's valuable contribution through his experience, leadership approach, and external networks. Succession planning was also discussed during the appraisal, and this would form part of the Chair's forward-looking objectives.</p> <p>The report had been presented to the Remuneration and Appointments Committee and was now shared with the full Council of Governors for endorsement.</p> <p>The Chair then provided an overview of the non-executive directors' appraisals. G Crowe conducted these appraisals on behalf of the Chair, in line with national best practice. Each appraisal included 360-degree feedback, a review of performance against previous objectives, and a discussion of future expectations. The report included individual commentary summaries for each non-executive director with no concerns raised in respect of any NED colleagues.</p> <p>The Chair commended the strong commitment of the non-executive directors to Board sub-committee engagement and their contribution to the governance and assurance work. He also highlighted the non-executive directors' support for continued collaboration with Sandwell and West Birmingham Hospitals NHS Trust and efforts to strengthen community engagement.</p> <p>The Chair noted the recommendations included in the report for the renewal of terms of office for some non-executive directors, including his own, for the year ahead. He also thanked non-executive director Ita O'Donovan for her contribution, noting that her term concluded this month and would not be renewed.</p> <p>The Chair sought formal endorsement from the Council of Governors on the following:</p> <ul style="list-style-type: none"> <li>○ Approval of the Chair's appraisal outcome for 2024–25 (for submission to NHS England).</li> </ul>

	<ul style="list-style-type: none"> <li>○ Approval of the non-executive directors appraisal outcomes.</li> <li>○ Endorsement of the renewal recommendations.</li> </ul> <p>The Council of Governors resolved the following:</p> <ul style="list-style-type: none"> <li>- <b>Endorsed</b> – the Chairs appraisal for 2024/25 ahead of its submission to NHS England.</li> <li>- <b>Endorsed</b> the non-executive directors appraisal outcome for 2024/25.</li> <li>- <b>Endorsed</b> the recommendations in principal for the renewal and non-renewal for the following non-executive directors: <ul style="list-style-type: none"> <li>○ Gary Crowe, end of term July 2025 – seek to renew</li> <li>○ Anthony Hilton, end of term July 2025 – seek to renew</li> <li>○ Ita O'Donovan, end of term June 2025 – not renew</li> </ul> </li> </ul> <p>There were no comments raised. The report was noted for approval.</p>
<b>COG 25/27</b>	<p><b>Trust Strategy &amp; Annual Plan Progress Report – Q4 2024 - 25</b> (Enclosure 7)</p> <p>I Chadwell presented the Trust Strategy Q4 report (period ending March 2025). He provided a recap on the objectives set 18 months ago under the previous 5-goal strategy, which included 18 objectives. He noted the challenges with attempting to deliver too many objectives simultaneously. The achievements in Q4 were:</p> <ul style="list-style-type: none"> <li>- Significant progress in improving outpatient access.</li> <li>- Delivery of the financial plan, despite uncertainty during the year.</li> </ul> <p>Areas not achieved in Q4 were:</p> <ul style="list-style-type: none"> <li>- The commitment to reduce complaints and response times.</li> <li>- The planned reduction in bank staffing levels.</li> </ul> <p>I Chadwell confirmed that these unmet objectives were being addressed in the current year's plan. He also advised that under the new strategy, future reports (from the end of Q1) would be presented in a simpler format and aligned to six in-year objectives.</p> <p>The Chair noted the progress made in Q4 2024-25 and welcomed the simplified and streamlined approach to monitoring and reporting under the new plan.</p> <p>No comments were raised. The report was noted for assurance.</p>
<b>COG 25/28</b>	<p><b>Annual Plan – 2025/26</b> (Enclosure 8)</p> <p>A Thomas presented a brief update on the Trust Annual Plan for 2025/26, given as enclosure 8.</p> <p>He noted that the annual plan had been reviewed by the Board and was progressing towards final publication. The strategy was presented in a “plan on a page” format to enhance clarity and accessibility.</p> <p>Key works undertaken in 2024/25:</p> <ul style="list-style-type: none"> <li>• Strengthening linkages between the Trust strategy and in-year objectives across regional providers.</li> <li>• Establishing shared priorities, such as the development of South and North hubs and elective hubs, and alignment with the Sandwell Health Campus and neighbouring trusts (The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust).</li> <li>• Undertaking a prioritisation exercise to focus on deliverable objectives year-on-year within the four-year strategy framework.</li> </ul>

	<p>Focus for 2025/26:</p> <ul style="list-style-type: none"> <li>• Emphasis on measurable performance objectives: <ul style="list-style-type: none"> <li>◦ Emergency Access Standard.</li> <li>◦ Cancer wait times.</li> <li>◦ 18-week elective care target, with focus on reducing long waits (including elimination of 52-week waits).</li> </ul> </li> </ul> <p>The aim was to improve access to elective care while addressing the backlog of long wait times.</p> <p>Financial Planning:</p> <ul style="list-style-type: none"> <li>• Forward activity trajectories and a financial plan had been submitted</li> <li>• A Cost Improvement Programme (CIP) target of £38m had been set, with all CIPs now identified (no unidentified gaps).</li> <li>• Each CIP was supported by an initiation plan and independently quality-assessed by the Chief Nurse and Medical Director to ensure safety.</li> </ul> <p>A Thomas highlighted that the new format provided simpler, more transparent reporting to the Board and the Council of Governors. The strategy was underpinned by nine major changes to be delivered over the next four years, supported by numerous smaller initiatives. Dashboards had also been developed to give real-time visibility of progress, linking performance, quality, and financial measures to the overarching objectives.</p> <p>The Chair reaffirmed that governors had been engaged throughout the development of the strategy via consultation sessions. He emphasised that robust reporting and committee oversight would be essential to ensure delivery.</p> <p>He commended the executives, especially A Thomas and I Chadwell, for their leadership in producing a clear, credible, and robust plan.</p> <p>No further comments were raised. The report was noted for information.</p>
<b>COG 25/29</b>	<p><b>Quality Accounts 2024/25</b> (Enclosure 9)</p> <p>J Wakeman reported on the final version of the Quality Accounts for 2024/25, given as enclosure nine, and would be formally published on 30 June 2025.</p> <p>She reminded the council that the Quarter 4 position for 2024/25 had already been presented and demonstrated strong performance against challenging targets.</p> <p>The Trust had developed a merged Quality and Safety Delivery Plan covering the next three years. This plan was aligned with the Trust's quality priorities and long-term sustainability objectives. This plan had been previously presented and discussed.</p> <p>The Chair highlighted the annexe containing the Council of Governors' comments and asked whether governors had been sufficiently involved in shaping it.</p> <p>J Wakeman confirmed that governors had been actively engaged in the process. The draft report was presented to the Council, who then held a separate session to formulate their collective response. Support in this process was provided by H Board and M Mascarenhas. These comments were subsequently submitted to the Trust Board and incorporated into the final document.</p> <p>No further comments or questions were raised. The report was noted for approval.</p>

<p><b>COG 25/30</b></p>	<p><b>Complaints Responsiveness Report (Enclosure 10)</b></p> <p>J Faulkner presented a brief overview of the Complaints Responsiveness Report, given as enclosure 10.</p> <p>She reported that 1,053 complaints were received in 2024/25, compared to 956 in 2023/24, showing a year-on-year increase. Early data for 2025/26 indicated an unusually high rate of over 100 complaints per month.</p> <p>Compliance with the internal 30-working-day KPI stood at 47% as of March 2025 and clarified that this was an internal measure; statutory requirements allowed up to six months. Only one case exceeded six months, due to complainant-related delays in a bereavement case, with overall compliance at 98.6%.</p> <p>The NHS Complaints Standards (introduced in April 2023) were now embedded, enabling more timely resolution. In 2024/25, 225 complaints were resolved via telephone discussion followed by written confirmation.</p> <p>Complaints represented 0.07% of patient activity, a consistent level with previous years. Compliments continued to outweigh complaints, though reporting relied on submissions from wards and services.</p> <p>To improve responsiveness, there was a proposal to shift accountability for the 30-day KPI from the complaints team to divisions, promoting shared responsibility. An improvement plan was being developed with M Morris and J Wakeman.</p> <p>The Chair thanked J Faulkner, noting that detailed operational scrutiny would remain with the Quality Committee. The presentation was provided in response to a previous governor query.</p> <p>L Hughes confirmed that overview of the matter was a standing item on the Quality Committee's agenda, with close monitoring of timeliness, appropriateness, and learning. Improvements had been noted due to changes in process and increased involvement of complainants and families. Approximately 43% of PSIRF (Patient Safety Incident Response Framework) cases involved family participation, generating significant learning. However, challenges remained due to workload and the volume of complaints.</p> <p>J Faulkner acknowledged that while improvement work was ongoing, pressures remained due to increased volumes, limited staffing, and additional responsibilities (including inter-organisational complaints and DIHC-related matters).</p> <p>J Wakeman emphasised that the 30-day KPI was an internal stretch target, not a statutory requirement. Complex cases often required extended resolution periods, but only one case exceeded six months. Local resolution meetings were preferred as they provided more meaningful dialogue. She also highlighted workstreams linked to the patient survey (nutrition, hydration, and pain management), which feed into the quality priorities and should help reduce complaints in the future.</p> <p>No further comments or questions were raised. The report was noted for assurance.</p>
<p><b>COG 25/31</b></p>	<p><b>Board Secretary Update (Enclosure 11)</b></p>

	<p>H Board presented the Board Secretary's update, given as enclosure 11.</p> <p>She informed the council that the recent governor elections had concluded. New governors had been appointed and formally welcomed. Councillor Alan Taylor was reappointed as the governor representing Dudley Metropolitan Borough Council.</p> <p>The Primary Care Representative constituency remained vacant, as no suitable candidate had yet been identified. Options were being explored to repurpose the role for another relevant constituency area.</p> <p>H Board provided an update on the progress made towards university hospital designation. Governors were asked to participate in a survey regarding the potential inclusion of university status in the Trust's name. The survey remained open, and governors who had not yet contributed were encouraged to do so.</p> <p>The Trust's constitution would be reviewed in the coming months, to reflect anticipated changes, including the potential update to the Trust's name.</p> <p>An annual review of the Terms of Reference had been completed. Updated Terms of Reference were presented for the Full Council of Governors and the Experience and Engagement Committee.</p> <p>The Chair noted the outcome of the elections and formally acknowledged both the reappointment of Councillor Alan Taylor and the current vacancy in the Primary Care Representative and North Dudley constituencies.</p> <p>The Chair confirmed approval of the updated Terms of Reference for both the Full Council of Governors and the Experience and Engagement Committee. Recognition was also given to the university hospital status milestone, with particular thanks to A Hilton for his contribution and partnership through his role at Aston University.</p> <p>The Council of Governors <b>resolved</b> to:</p> <ul style="list-style-type: none"> <li>- <b>Note</b> the outcome of election activity for vacancies in the public constituencies of North Dudley (vacant), Tipton &amp; Rowley Regis and staff constituency of Medical &amp; Dental.</li> <li>- <b>Approve</b> the terms of reference for the Full Council of Governors and the Experience and Engagement Committee.</li> <li>- <b>Note</b> the granting of university status.</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- Re-circulate the university hospital status survey link to the Full Council of Governors</li> </ul> <p>There were no questions or comments raised. The report was noted for approval.</p>
<b>COG 25/32</b>	<p><b>Lead Governor update</b> (Verbal)</p> <p>A Giles welcomed the new governors, Arinderpal Singham and Rinesh Parmar, to the Full Council of Governors.</p>

	<p>He also welcomed colleagues in their group roles: Adam Thomas, James Fleet, Rachel Barlow, and Laura Broster, highlighting their expertise and the positive impact they would have on the Trust's work, particularly in Dudley.</p> <p>A Giles thanked fellow governors for their continued attendance at subcommittees and reminded them of the importance of attending the Board of Directors meetings where possible, to gain a full understanding of the Board's work and direction.</p> <p>He thanked H Jones and H Codd for delivering the recent governor training session on communications and engagement. He noted the importance of supporting the Communications team and attending public events when invited.</p> <p>A Giles shared his recent experience attending a community Rheumatoid Arthritis Support Group event, noting the value of patient feedback and the difference small adjustments could make.</p> <p>Finally, he placed on record his personal thanks to Y Peers, for her support as Deputy Lead Governor and her contributions to the Equality, Diversity and Inclusion Committee as a governor representative. He also expressed gratitude to Dr A Michael for his important contributions as a governor.</p> <p>There were no questions or comments raised. The update was noted for information.</p>
<b>COG 25/33</b>	<p><b>Experience &amp; Engagement Committee Update</b> (Enclosure 12)</p> <p>The Chair introduced the next item, noting the contents of the Experience and Engagement Committee meeting. It was acknowledged that M Hussain had left the meeting at approximately 4:30 pm.</p> <p>The Council of Governors verbally agreed to note the contents of the report.</p> <p>No comments were raised. The report was noted for assurance.</p>
<b>COG 25/34</b>	<p><b>Any other Business</b> (Verbal)</p> <p>The Chair introduced the item of Any Other Business, noting that the Council was asked to endorse the NHS Providers licence self-certification and to note the intent of the obligation as of 30 June. The Chair explained that, while confirming some statements may become challenging in the future, the Trust was able to confirm all relevant statements for the period ending 30 June 2025.</p> <p>The Council of Governors <b>resolved</b> to:</p> <ul style="list-style-type: none"> <li>- <b>Endorse</b> the NHS Providers licence self-certification and note publication to the Trust website by 30th June 2025.</li> </ul>
<b>COG 25/35</b>	<p><b>Reflections on the meeting</b> (Verbal)</p> <p>The Chair reflected on the meeting, noting that the room was generally suitable, although some attendees found the air conditioning too cold.</p> <p>The Chair sought feedback on the "Place" segment of the meeting and asked whether it was appropriate in length and content. The Council agreed that the spotlight approach</p>

	<p>was useful, and it was noted that future sessions might include a focus on Getting It Right First Time.</p> <p>The Chair reminded attendees of upcoming meetings and events:</p> <ul style="list-style-type: none"><li>• Next Council of Governors meeting: 18 September</li><li>• Public Board of Directors meeting: 10 July</li><li>• Annual Members Meeting: 16 October</li></ul> <p>A Giles added a reminder about a joint governor training session on 24 June with colleagues from Black Country Healthcare NHS Foundation Trust and encouraged all governors to attend if possible.</p> <p>D Wake highlighted the Annual Staff Awards in July, noting that the governor's attendance was typically high.</p>
<b>COG 25/36</b>	<p><b>Close of meeting and forward Council of Governor meeting dates: 2025</b></p> <p>The next meeting dates were as follows for 2025: As given by the Chair in the previous item.</p> <p>The meeting closed at 18:00 hrs.</p>

Gary Crowe, Chair of the meeting

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

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

#### Council of Governors meeting held 19<sup>th</sup> June 2025

Item No	Subject	Action	Responsible	Due Date	Comments
COG 25/16	Reflections on the meeting	An update on the dermatology service to be included as an agenda item for a future Council of Governors meeting to explore potential income opportunities and options for service expansion at alternative locations such as Merry Hill and town centres.	Medicine Division – Rory McMahon & Kate Keeling	Completed	September Meeting Agenda Item 11
COG 25/21	Service Spotlight – Dudley PLACE and update for governors	An updated presentation on Dudley PLACE to be circulated to the Full Council of Governors	Sally Cornfield	Completed	The updated presentation was circulated on 14/07/2025
COG 25/22	Chief Executive's update	A presentation on the Trust's Getting It Right First Time (GIRFT) programme, including data and outcomes achieved to date (e.g., reductions in elective waiting times, standardisation of care pathways, and productivity improvements), would be scheduled for a future Full Council of Governors meeting.	TBC	To be updated	
COG 25/31	Board Secretary update	The university hospital status survey link to be re-circulated to the Full Council of Governors	Foundation Trust Office	Completed	The survey link was re-circulated on 20/06/2025



**Paper for submission to the Full Council of Governors on 18 September 2025**

<b>Report title:</b>	Public Chief Executive Report
<b>Sponsoring executive / Presenter:</b>	Diane Wake, Group Chief Executive Adam Thomas, Group Chief Strategy & Digital Officer
<b>Report author:</b>	Alison Fisher, Directorate Manager CEO Office

### 1. Summary of key issues

#### Assure

#### Advise

- Community Frailty Intervention Team (C-FIT)
- Operational Performance
- NHS Planning Framework
- NHS Oversight Framework
- Provider Capability
- Q2 Pulse Survey
- Block Contracts
- Get It Right First Time – Urology
- Physician Associates – The Leng Review
- Black Country Provider Collaborative
- Update on University Hospital Status and Proposed Name Changes
- Charity Update
- Healthcare Heroes
- Patient Feedback
- Awards
- Visits and Events

#### Alert

- British Medical Association Ballot

### 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

### 3. Report journey

Board of Directors - 11/09/2025 and Full Council of Governors Meeting - 18/09/2025

### 4. Recommendations

The Council of Governors is asked to

a) Note and discuss the contents of the report

**b) Approve** the change of name as follows:

From: The Dudley Group NHS Foundation Trust  
To: **Dudley Group University NHS Foundation Trust**  
Site name:  
From: Russells Hall Hospital  
To: **Russells Hall University Hospital**

#### 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	Failure to take sustained action on infrastructures that enables strategic objectives



## Community Frailty Intervention Team (C-FIT) update

This year's Community First and Frailty Value Stream Analysis events both identified a community frailty hub (modelled on Hull's Jean Bishop Centre) as a shared priority. During the week of 7<sup>th</sup> July 2025, Dudley Improvement Practice therefore facilitated a strategic implementation event centred around a preventative approach to community frailty.

### Service overview

The event developed a pilot of the Community Frailty Intervention Team (C-FIT), aimed at testing a community-based, holistic and preventative model of care. It will proactively identify patients who would benefit from the completion of a Comprehensive Geriatric Assessment (CGA) and personalised care plan.

**Vision:** Wouldn't it be great if there was a collaborative approach to frailty, empowering people to live well in their communities for longer. Consistently delivering easily accessible services, built around what matters to the person.

**Aim:** By 30th April 2026, the Community Frailty Intervention team (C-FIT) will identify, assess, treat and refer on to partners, enabling people to live well with frailty and reduce avoidable frailty hospital attendances and unnecessary GP visits.

The C-FIT multi-disciplinary team is comprised of a long-term conditions nurse, therapist/therapy assistant, pharmacist and social prescriber/care co-ordinator. After each clinic, when CGAs are complete, the team meet to confirm outcomes, agree plans and make referrals, with GP oversight and medication reviews included.

#### Benefits to **patients**:

- Early identification of frailty risk through CGAs
- Safer medication use by rationalising long lists of prescribed medicines, with deprescription wherever possible
- Reduction in need for GP appointments and hospital attendances

#### Benefits to the **Trust**:

- Reduced ED attendances by proactively addressing frailty risks
- Reduced unplanned hospital admissions through proactive medication reviews and therapy support
- Better use of staff time as MDT approach reduces duplication across services

### Pilot scope and timeline

A pilot for the C-FIT model began on 6<sup>th</sup> August 2025, with the first of 6 “pop up” clinics at High Oak Surgery. After this time, it will move to St James' Medical Practice for another 6 weeks. Attendance is by invitation only, with targeted patients being identified through EMIS searches at participating practices (initially High Oak and Eve Hill) using agreed criteria: aged over 73, not housebound or in care homes, and taking eight or more medications (excluding dressings). Currently, the service can assess up to 6 patients in each clinic. From January 2025 alone, on average 2136 patients over the age of 73 have attended ED each month. This represents a significant demand on acute services. A preventative service such as C-FIT could redirect a substantial portion of these visits, creating both cost savings and efficiency gains.

### Early progress and highlights

The team delivered the pilot service just one month after planning began, working collaboratively and at pace to launch successfully. Early feedback from patients has been positive—they valued the invitation, felt listened to, and had concerns addressed during the visit. The wider C-FIT team meets weekly to review clinic operations and adjust as needed, including refining invitation criteria to target the right patient demographic. In week 3, they added ED attendances within the last year to the selection criteria. Parking spaces at Brierley Hill Health and Social Care Centre have also been secured to improve ease of patient access and improve visit experience.

### **Next steps**

- Transition to Phase 2 at St James' Medical Practice (targeting Eve Hill patient cohort)
- Complete 30-day review of patient outcomes (attendance, CGAs completed, deprescription, referrals made)
- Track ED admissions, hospital attendances and GP attendances for targeted patient cohort
- Continue to review invitation criteria to ensure the patient cohort with the greatest opportunity is identified
- Agree decision point for scaling/expanding the model beyond initial pilot.

### **Operational Performance**

Performance against the 18-week Referral To Treatment standard has shown continued improvement, with 62.9% of patients treated within 18 weeks. This position is 1.4% ahead of trajectory.

#### *Restoration and Recovery*

Performance against the 18-week Referral To Treatment (RTT) standard has shown continued improvement, with 62.9% of patients treated within 18 weeks. This position is 1.4% ahead of trajectory.

Participation in the NHSE validation sprint (Sprint 2, commenced 7th July) continues to deliver positive results. The Trust is already 3,800 clock stops ahead of its baseline position, with £33 received per additional clock stop. The sprint has now been extended into September 2025

#### *Ambulance Handover Delays*

In July 25, activity saw 10,333 attendances. This has increased when compared to the previous month of June with 9,917. 11 out of the 31 days saw >350 patients, with 1 of those days reaching >400.

3,231 patients arrived by ambulance; this shows an increase from the 2,904 ambulances that attended last month.

469 of these offloads took >1hr (14%). This is a decrease in our performance when compared with last month's performance of 11%.

Over the month, the average length of stay in Emergency Department was 206 mins for non-admitted patients and 409 mins for those waiting for a bed following a decision to admit. This represents a decrease in performance when compared to last month where the length of stay was 196 and 373 mins, respectively.

### **NHS Planning Framework**

Following publication of the spending review in June 2025 and the 10 year Health Plan for England: fit for the future in July 2025, the conditions are in place to support multi-year planning over the medium term. NHS England has published a planning framework setting out the expectations on Integrated Care Boards and provider trusts to produce multi-year plans by the end of December 2025. Working in conjunction with Sandwell & West Birmingham NHS Trust, the Trust has produced a timeline which will deliver the plan within the required timeline. This timeline will require a concentrated effort from staff across the trusts. The Board will need dedicated time to discuss the plan at future development sessions and board meetings.

Detailed planning guidance and financial allocations are expected by the end of September/early October.

## NHS Oversight Framework

The new framework describes a consistent and transparent approach to assessing integrated care boards (Integrated Care Boards) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.

The 1-year framework sets out how NHS England will assess providers and Integrated Care Boards, alongside a range of agreed metrics, promoting improvement while helping to quickly identify where organisations need support.

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. These are presented alongside wider contextual metrics that reflect medium-term goals in areas such as inequalities and outcomes.

Their assessment will be the starting point for how they work with organisations throughout the year and will help them determine how they can support them to improve. They will do this by considering an organisation's segment score, as set out in the framework, and leadership capability.

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

### *Methodology, latest segmentation and scoring results*

The NHS Oversight Framework sets out how NHS trusts and foundation trusts are automatically allocated to a segment (1 to 4) based on performance, with full details set out in the methodology manual. A dashboard and downloadable file with segmentation results, supporting data, and league table comparisons will be published shortly.

The framework sets out how the Recovery Support Programme will be replaced by the Provider Improvement Programme with the most challenged organisations placed into a new segment 5.

### *Performance improvement*

They will use segmentation and our assessment of capability to determine how they will support providers to improve. They plan to finalise their approach to the assessment of provider capability and issue guidance during Q2.

NHS England will align any targeted improvement support offer to organisational delivery scores. Regional teams will coordinate the response to segmentation working with NHS England national teams and wider system partners.

Where performance falls below an acceptable standard and/or has governance concerns that may lead NHS England to step in and use our regulatory powers to secure improvement.

The Trust has been notified of its average metric score, segment and league table position.

The Dudley Group NHS FT		
Average Metric Score	Segment	League table position ( <i>out of 134</i> )
<b>2.01</b>	<b>3</b>	<b>36</b>

## Provider Capability

The Provider Capability Evidence Dashboard and Self-Assessment Process is an annual requirement by NHS England for all NHS trusts. This process involves evaluating organisational capability across six domains: strategy, leadership and planning; quality of care; people and culture;

access and delivery of services; productivity and value for money; and financial performance and oversight. The Corporate Governance Team will coordinate the process, with executives leading specific domains aligned to their portfolios. They will ensure the evidence presented is accurate and up to date, identifying any areas where assurance is weak or incomplete.

A draft self-assessment will be prepared using the populated dashboard, including proposed confidence ratings and supporting narratives. The Executive Team will review the draft before presenting it to the Boards, ensuring alignment across portfolios and consistency of messaging. The Boards will engage in testing and shaping the final self-assessment during the October Joint Board Development Day, discussing areas of strength and risk. The Executive Team is asked to endorse this approach and provide evidence within the required timeframe, with the Corporate Governance team maintaining oversight and coordinating Board reporting.

## **Q2 Pulse Survey**

We received positive feedback from the Q2 Pulse Survey which was undertaken during July. Not only did we see a significant increase in the response rate for Dudley, from 15% in the Q1 Survey in April to 26% for the Q2 survey; we also saw an improvement in our overall engagement score. This feedback is vital to enabling the Trust to continue to improve the working environment and experience of our staff. I have shared the results with all staff and thanked all for the participation and their commitment. We are now preparing for the 2025 annual staff survey which launches in October and runs through to the end of November.

## **Block Contracts**

There is a national exercise that has commenced to review the current block contracts in order to determine whether Trusts are being under or over paid.

Whilst there is no impact on the current financial year, the outcome of this exercise will be used to shape the financial framework from 2026/27.

The Integrated Care Board are responsible for completing the submission and need to work together with Trusts to populate the NHSE template.

The draft submission is due on 28 August with a final submission required for 24<sup>t</sup> September. The Trust is working on an updated analysis based on the guidance. This will be submitted to the Integrated Care Board on or before 22 August.

Further updates will be provided to Executive Directors prior to submission, setting out the potential impact on the Trust.

## **British Medical Association Ballot**

The British Medical Association have notified the Trust that they intend to hold a ballot for Industrial Action for all their Foundation Year one members. The ballot papers will be dispatched on 8 September 2025. The British Medical Association state the ballot is in relation to the trade dispute in respect of the lack of an acceptable pay offer for resident doctors in England for the 2025/26 pay round and insufficient provision of training places. For Dudley Group this relates to 43 Foundation Year 1 doctors.

## **Get It Right First Time Review – Urology**

The Get it Right First Time review of the Urology service was completed on 23 July 2025 and overall feedback was very positive. Key strengths and recommendations are outlined below, with a full report to follow.

## **Key Strengths Identified:**

1. Strong teamwork and collaborative working across the service.
2. An integrated service model focused on efficiency and streamlined pathways.
3. Excellent theatre utilisation, currently at 90%.
4. Standardised clinic templates, including the addition of 84 appointments per year, highlighted as a good model.
5. A well-established robotic service with strong external commendation.
6. High PIFU rates, 6.5% demonstrating effective patient management.
7. A data-driven improvement culture, with effective use of GIRFT guidance and benchmarking.
8. GIRFT team praised the high level of engagement from senior leaders and were particularly impressed by the way the entire multidisciplinary team contributed and engaged throughout the visit.

## **GIRFT Recommendations:**

1. Centralise the Upper Tract service at Russells Hall Hospital to streamline care.
2. Reduce time to ureteroscopy and TURBT to improve treatment timeliness.
3. Continue to support the established Robotic Fellowship.
4. Increase use of ESWL (Extracorporeal Shock Wave Lithotripsy) where clinically appropriate.
5. Expand the use of laser surgery for TURBT to enhance outcomes and reduce reoperation rates.

The Urology team should be commended for their ongoing commitment to service improvement and the delivery of high-quality, patient-centred care.

A full GIRFT report, including key metrics and a proposed action plan, will be received and actions agreed.

Following the successful review, the Urology team have been invited to deliver a presentation on Hospital to Home pathway at the upcoming GIRFT Urology Specialty Forum in October 2025. This is a wonderful recognition for the team.

## **Physician Associates – The Leng Review**

The Leng Review, an independent review commissioned by the Secretary of State for Health and Social Care to address concerns about the scope and safety of Physician Associates and Anaesthesia Associates in the NHS, was published on 16 July 2025. NHS England has provided a response to the recommendations with 5 immediate actions for the Trust including updated terminology, Primary Care entry requirements, changes to deployment, continued employment, and support for impacted staff. However, a judicial review of the Leng report and its recommendations is currently underway though timescales for completion are not available.

The Trust has and continues to develop a Policy and overarching Trust Wide Scope of Practice for Physician Associates and Anaesthesia Associates to provide a framework for appraisal, GMC registration, educational and clinical supervision, governance, research, and clinical practice. The Physician Associates and Anaesthesia Associates are currently working in line with the supervisory arrangements recommended in the Leng report.

The Trust has previously taken proactive steps to strengthen governance, supervision and support for Physician Associate, and the Board can take assurance that supervisory processes are in place to ensure that the Physician Associates/Anaesthesia Associates work within the supervisory framework recommended in the Leng report.

## **Black Country Provider Collaborative**

The following are the key messages from the 4 August 2025 Black Country Provider Collaborative Executive meeting.

### **A. General**



- **Updates from the Black Country Integrated Care Board** – Black Country Integrated Care Board is focused on transition arrangements to the new Integrated Care Board Clusters, with programmes of work identified for progression shortly. Announcements on Chair and Chief Executive Officer appointments are due in late August / early September with subsequent leadership roles to follow.
- **Updates from NHS West Midlands** – publication timeline for “shared leadership governance” together with that for “Wholly Owned Subsidiaries” (WOS) are still not known. Foundation Trust Assurance Framework is being re-invigorated, and it is anticipated that existing Foundation Trusts will also need to go through any new processes. Guidance on the “Model Region” is to be published soon, with the 26/27 National Oversight Framework (NOF) being guidance in development.
- **Black Country Provider Collaborative Managing Directors Quarterly Progress Report** - Robust report presented which highlighted:
  - The three programmes continue to make positive progress in delivering against priorities
  - Overall performance is RAG rated as Amber, reflecting minor areas where performance is marginally behind trajectory
  - Black Country Provider Collaborative budget is in a positive position, currently underspending against profile trajectory
  - Governance has been strengthened with clear objectives for each system lead and a more frequent operational meeting of the programme Senior Responsible Officer’s
  - Key messages from the Joint Provider Committee were shared
  - Black Country Provider Collaborative were alerted to a range of forthcoming Collaborative activities.

## **B. Improvement**

- The Collaborative Executive were provided a brief update on the following key items:
  - **Clinical Improvement programme** – The Black Country Provider Collaborative Managing Director 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 Black Country Provider Collaborative Managing Directors quarterly highlight report next month.
  - **Clinical Service Transformation** – The Black Country Provider Collaborative received relevant progress updates on priorities which included:
    - **BC Elective Hub** – Black Country Provider Collaborative Executive received confirmation that the formal business case had been submitted on the 31<sup>st</sup> July 2025 and now await formal feedback on approval. Informal meeting with NHSE colleagues held to assure of intent and progress. Phase 1 transition well underway, with plans for Phase 2 being mobilised soon.
    - **Breast DIEP Reconstruction** – Final draft of the Business Case received and approved by the Black Country Provider Collaborative Executive. Positive feedback received and good engagement with key forums and stakeholders (e.g. Integrated Care Board, Elective Care Board, Cancer Care Board)
    - **Vascular services** – Work underway by Task and Finish group, with baseline data being sourced for review and further dialogue on preferred model, with a Service Plan due in the Autumn for consideration and approval.
    - **System Transformation** – Breast Unit engagement workshop scheduled for October with consistent baseline positions of each partner Trust being sourced and presented as part of the socialisation and engagement activities.

The Pharmacy Aseptic feasibility study continues to be drafted with the output report due in early autumn outlining possible options for next steps.



Formal output reports from a Colorectal / Robotically Assisted Surgery workshop and a separate Gynae-Oncology workshop were received by the Collaborative Executive, highlighting positive engagement and focused priorities to be progressed.

### **C. Transformation**

- **Corporate Service Transformation (CST)** – The Black Country Provider Collaborative Senior Responsible Officer and Programme Lead provided an update on progress highlighting an urgent review of focus to be undertaken imminently and a realigned programme to be agreed.

It was confirmed that partner Trusts are continuing to focus on the “corporate cost reduction target” established by NHSE as part of integrated Cost Improvement Plans, monitoring progress against trajectory through internal governance arrangements.

The programme team continue to drive forward work to establish a solution on consolidating both “Collaborative Bank” and the recruitment functions, with expressions of interest being sought from the market.

### **D. Strategic & Enabling Priorities**

- **Medical Bank Rate Harmonisation** – The task group led by the Black Country Provider Collaborative Chief Medical Officer presented their output report following extensive engagement, and baseline reviews from across the country. The proposed position was well received, with some further minor work required to avoid any perverse incentives especially in relation to “Waiting list Initiatives”.
- **Communications - Public Involvement Exercise** – The public involvement exercise commissioned from STAND is nearing completion. Early indications are that the engagement has been positive, with responses now being analysed and an output report highlighting key issues to be addressed due for presentation in early September. This report will be utilised within any Business cases relating to Clinical Service Transformation areas being progressed.

## **Update on University Hospital Status and Proposed Name Changes**

The Trust has recently been granted University Hospital status in recognition of our commitment to education, training, research, and clinical excellence. Aston University supports the university hospital status, and this partnership aims to drive innovation in clinical education, research, and patient care by combining academic expertise and clinical practice and sharing knowledge.

To mark this new status, we have been exploring a name change for our organisation.

The naming of NHS organisations, services and partnerships is a crucial part of the NHS Identity. It is important that names are clear, logical and understandable so that patients and the public can identify and locate the different organisations, services and partnerships which make up the NHS. There are NHS identity guidelines which must be followed and a process which includes stakeholder engagement in the new name. The full guidance can be found here

[NHS Identity Guidelines | Naming principles](#)

The following legislation relates to the naming of NHS Foundation Trusts: Schedule 7 of the National Health Service Act 2006 says ‘if the corporation is an NHS Foundation Trust, its name must include the words ‘NHS Foundation Trust’. [View Schedule 7 legislation](#).

In summary the name must adhere to the following principles:

- be clear, logical and descriptive
- be written out in full, without the use of acronyms, abbreviations or symbols such as ‘&’ – except St for ‘Saint’ and NHS for ‘National Health Service’
- include the letters ‘NHS’ within the written version of the name
- contain a geographic reference, unless it is a national NHS organisation, service or partnership (e.g. NHS Blood and Transplant)

- if it is an NHS partnership, the name should end with, or contain a term that shows that this is a partnership and not an organisation (e.g. Partnership, Alliance, Collaborative)
- if it is an NHS service, start with a geographic reference, then a descriptor for the service (e.g. Mental Health) and typically end with the word 'Service', unless it is a national service (e.g. NHS 111)
- the position of the word 'University' in an NHS organisation's name should be carefully considered. 'University' should be placed at the start of the name or within it. When it is placed at the end of the name, the prominence of the word could give the impression of the title of a university rather than an NHS Foundation Trust or NHS Trust.

Following feedback from the Trust's governors and staff members, and in line with NHS naming principles, we are proposing to update both our organisational name and one of our site names to the following:

1. **Organisational name:**

From: *The Dudley Group NHS Foundation Trust*

To: ***Dudley Group University NHS Foundation Trust***

2. **Site name:**

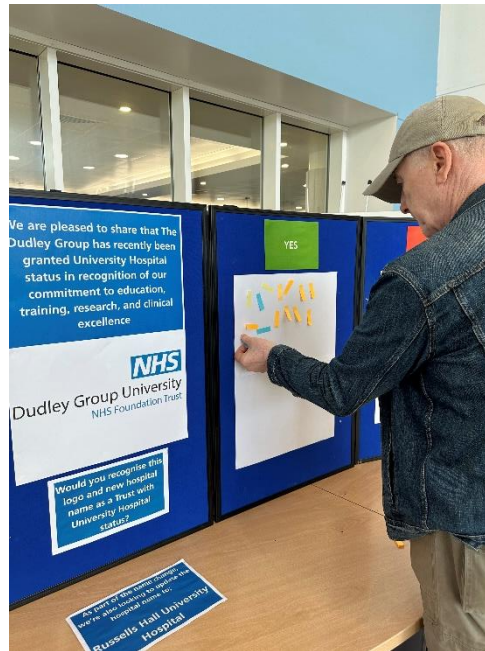
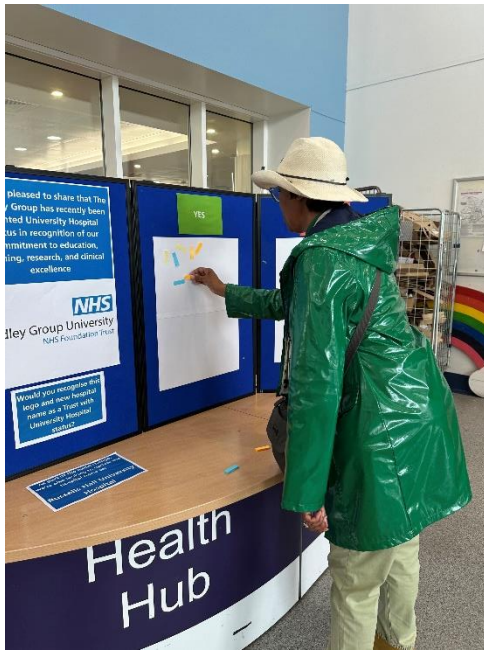
From: *Russells Hall Hospital*

To: ***Russells Hall University Hospital***

Our aim is to ensure the new names clearly convey our new university hospital status, while remaining easily recognisable to patients, staff, and partners.

During June – August 2025 we have undertaken the following stakeholder engagement to ensure people feel involved in this important decision and have the opportunity to share any options or views.

- **Staff engagement:** We started with asking staff for opinions on four possible name versions via In the Know and the Hub with a dedicated Microsoft Form poll. In addition, one-to-one discussions have been held to capture further ideas and feedback. Staff came back with the idea to include the university status in the Russells Hall site name as well as the Trust name.
- **Collaboration:** Worked closely with Dr Gail Parsons, Julian Hobbs, and Aston University to announce the achievement of University Hospital Status. The press release we issued highlighted the strengthened partnership with Aston University and the positive impact this will have for patients through enhanced research, education, and innovation in healthcare.
- **Executive input:** Worked with executive colleagues to agree on the proposed names – *Dudley Group University NHS Foundation Trust* and *Russells Hall University Hospital*.
- **Regulatory assurance:** Liaised with the Midlands NHS England team to confirm there are no conflicts with other Trusts or services.
- **Stakeholder consultation:** Wrote to local stakeholders to ensure the proposed names will not conflict with, or be confused with, existing or planned services in neighbouring NHS organisations.
- **Public and staff feedback on branding:** A mocked-up version of the new logo was displayed in the main reception at Russells Hall Hospital. Members of the public were encouraged to share their views, of those who expressed a view there was significant support for the new name with University Hospital Status. Staff were also invited to provide feedback.



- **Implementation planning:** Initial costings are being gathered for updating signage across the hospital, outpatient centres, and community settings and if approved it would be phased into the Trust literature and signage to minimise cost.
- **Next steps:**
  - Secure approval for the name change from the Board of Directors at the meeting on 11<sup>th</sup> September, Council of Governors at the meeting 18<sup>th</sup> September 2025 and then onwards to the Annual Members Meeting for constitutional change approval on the 16<sup>th</sup> October 2025.
  - Broaden public engagement via social media, sharing photos and outcomes from recent consultation activities and explaining the rationale for the name change.
  - Notify stakeholders and commence external communications, including media engagement and staff education on the use of the new names.
  - Begin phased replacement of signage and updates to internal documents.

## Charity Update

### NHS Big Tea

In July, wards and departments came together to host their own NHS Big Tea to celebrate the NHS's 77th birthday and raise funds for their own areas or the Dudley Group NHS Charity.

Every tea party looked amazing with colourful decorations and delicious treats. Patients and staff had a wonderful time celebrating the NHS, whilst enjoying an amazing array of cakes and treats.

So far over £2,200 has been raised and still counting, we are thankful for everyone's enthusiasm and generosity, the department who has raised the most funds will receive a big tea hamper so watch this space! There is still time to host your tea party, if you like to find out more, please visit - <http://thehub/charity/SitePages/NHS%20Big%20Tea%202025.aspx>.

Find out what staff at DGFT choose for their favourite hot drinks and biscuits! Click here to watch the video and comment on your favourites:

[www.facebook.com/DudleyGroupNHSCharity](http://www.facebook.com/DudleyGroupNHSCharity)

### Charity Barn Dance

What a fantastic night we had at our Charity Barn Dance, raising funds for our Breast Imaging Department!

From the moment the music started, the barn was alive with laughter, energy and incredible community spirit. With hay bales, checked shirts and line dancing galore, the evening brought people together for a good old-fashioned knees-up – all for a great cause. Thank you to lively entertainment from Duo Banjacs and Billy the Busker.

Most importantly, we raised vital funds to support and enhance the work of our Breast Imaging Department, raising over an amazing £1,000.

A huge thank you to everyone who came along, donated, danced and made the evening such a success

### **Brave family purchases cold cots for the baby bereavement unit**

A brave family, who lost their unborn son at 32 weeks, fundraised an incredible £5,000 for our baby bereavement appeal.

When parents, Tegan Turner and Kieran Maritza, attended a hospital appointment for a check-up, they were sadly informed their baby had no heartbeat and had passed away.

The family decided to organise raffles, charity car washes, a sponsored walk and a charity evening, plus a sponsored inflatable fun run. They were overwhelmed with the support from the public and managed to raise enough funds to purchase two cold cots, which allows families to spend precious time, take photo to cherish, hold and cuddle him and make those lasting memories Whilst the family were absolutely devastated and utterly broken by their own loss, they decided to support others. The family organised raffles, charity car washes, a sponsored walk and a charity evening, plus a sponsored inflatable fun run. They were overwhelmed with the support from the public and managed to raise enough funds to purchase two cold cots, which allows families to spend precious time, take photo to cherish, hold and cuddle their baby and make those lasting memories together.

The cots have a plaque on them honouring Albie-Jo's memory. Albie-Jo will now live on in a beautiful way, knowing that his cold cots will help other families in the same way as they did for Tegan and Kieran.

### **Glitter Ball**

The Dudley Group NHS Charity's flagship Glitter Ball event is back for its fifth year.

The business gala dinner brings together local businesses for an evening of networking and fundraising. This year's Glitter Ball will be taking place on 25<sup>th</sup> September at the Copthorne Hotel in Brierley Hill, Dudley.

Halesowen College is the platinum sponsor for the event, Dudley College of Technology is the gold sponsor alongside Summit Healthcare and How to Find a Care Home as silver sponsors and Trustmarque as the drinks sponsor.

Other local businesses attending the evening with table packages include Jackwolf Group, Lawrence Cleaning and Waldrons.

This year's event will be raising vital funds for the charity's cancer appeal to support patients and their loved ones affected by cancer, all funds raised will support alternative therapies such as massage, acupuncture and reflexology. We will be having a live JustGiving page shown throughout the evening.

If anyone would like to support the charity's appeal please scan the QR code or click on the link [www.justgiving.com/campaign/glitterballcancerappeal](http://www.justgiving.com/campaign/glitterballcancerappeal).



## Aati's Birthday Appeal

This year, our beloved mascot Aati turns ONE on the 30<sup>th</sup> of September! Over the past year, he has brought smiles, energy, and joy to countless events while helping raise awareness and support for the Dudley Group NHS Charity.

Instead of presents or cake, we're asking you to help us celebrate in the best way possible, by giving the gift of support to the charity. Every donation made in honour of Aati's birthday will go directly towards funding our vital work.

The charity team will also be fundraising on the charity hub in the main reception and Aati will be visiting our paediatric areas across the Trust.

Every donation, big or small, helps us do more. Let's make Aati's first birthday one to remember — together we can turn small birthday gifts into a big impact!

Donate scanning the QR code or clicking on this link:

[https://www.justgiving.com/campaign/aatisappeal?utm\\_medium=CA&utm\\_source=CL](https://www.justgiving.com/campaign/aatisappeal?utm_medium=CA&utm_source=CL)

## Healthcare Heroes



### Frankii Hart

Frankii was nominated for all the time, effort and dedication she poured into organising this year's staff Committed to Excellence awards. She managed over 800 award nominations and 350 of our amazing staff being celebrated on the night.

The awards were highly successful and Frankii was absolutely pivotal in making it happen



### Lydia Price

Lydia was nominated by a colleague for the invaluable support she provides to dementia patients but also their family, friends and loved ones as an Admiral Nurse; recognising dementia impacts everyone involved and not just the individual with the disease. She was described as kind, gentle, caring to everyone she interacts with and a friendly face to talk to at any time if people need a chat or have questions about dementia.



## Community Response Team

They were nominated by a colleague for being a key source of support and advice all while covering a large area of the Dudley borough, saying 'we are very lucky to have such a valuable service, and I do not know how we would manage without it.' They were also commended for being professional, honest and thorough in their approach to a review for a palliative care patient that had deteriorated.

## Patient Feedback

**Pulmonary Rehabilitation Team** - The environment was excellent and the exercises during the course I believe improved my fitness.

**The Sunday Clinic** - Staff very helpful, cheerful, professional and explained everything about my wound.

**Minor Procedures Room** - Everyone was very kind and respectful. The surgery was painless, and I am very pleased with the results.

**Dudley Rehabilitation Service** - Helped me to improve my balance, mobility and strength. Staff were friendly, helpful and supportive.

**Endoscopy Unit** - Whole experience from start to finish was well explained and I felt very comfortable and safe. Nurse looking after me kept me informed.

**C8** - My dad was looked after very well. Staff very professional and treated everyone with kindness

**B5** – The staff taking care of me have all treated me with me so much dignity. I was made aware of all steps, in a clean room and everyone has been so kind and friendly. A big thank you to everyone involved in my care.

**A&E** - It was very good how well I was looked after; there wasn't anything that could have made it better. I was treated excellent for the whole time I was there; I was so very Grateful for all they did for me. Can you tell them that I said Thank you so much for looking after me. I am so grateful.

**Gynaecology** - The staff were kind and considerate, they made me feel very comfortable during an uncomfortable procedure. They were professional and thorough. Honestly, they were perfection.

## Awards

### HSJ Awards Success

Congratulations to two of our fantastic teams who have been shortlisted for the prestigious national Health Service Journal Awards 2025.

Firstly, our head and neck cancer team One Stop Throat / Virtual Neck Lump Clinic for the suspected head and neck cancer has been nominated. The clinic improves the referral and diagnostic pathway for the suspected head and neck cancer by: utilising risk assessment via telephone questionnaire; direct-to-test ultrasound scheme for neck lumps; parallel diagnostic investigations taking place simultaneously; tissue sampling(biopsy) of the throat under local anaesthesia in the outpatient clinic using flexible endoscopy. The time between referral and definitive decision for cancer treatment has been reduced by 35% to 34 days.

In addition, our one stop respiratory clinic, led by Nazir Hussain, specialist respiratory pharmacist, has also been nominated for two HSJ safety awards. The one stop respiratory clinic helps to improve diagnosis and treatment for patients with lung conditions such as asthma or chronic obstructive pulmonary disease (COPD) within the community.

Placing patients at the centre of the care, the clinic focuses on prevention by proactively identifying those at higher risk of needing hospital treatment in the future. This is achieved by analysing how often patients have required care and what treatments they've received. This not only allows for personalised care but also helps tackle health inequalities in underserved communities. This initiative has been shortlisted for Primary Care Initiative of the year 2025 and Early – Stage Patient Safety Innovation of the Year 2025. The winners will be announced at Manchester Central on September 15th, 2025. This initiative has also been shortlisted for a HSJ awards in London.

We wish both teams the best of luck with their nominations.

## TIDE Award

The Trust has maintained its gold TIDE award this year. The award recognises the Trust's commitment to inclusion.

## Visits and Events

1 July	Executive Directors Sandwell & West Birmingham NHST Development Day
2 July	Black Country Regional Performance Tier Call
2 July	NHS Chief Executive 10 Year Health Plan webinar
4 July	Birmingham & Solihull Chief Executive's Development Session
4 July	Sandwell & West Birmingham NHST Long Service Staff Awards
9 July	Sandwell and West Birmingham Public and Private Board of Directors
10 July	Dudley Group NHSFT Public and Private Board of Directors
11 July	Birmingham & Solihull Chief Executive Officers
11 July	Dudley Group NHSFT Committed to Excellence Staff Awards
14 July	Black Country Provider Collaborative Senior Responsible Officers
15 July	Executive Directors Dudley Group NHSFT Development Day
16 July	Sandwell & West Birmingham NHST Long Service Staff Awards
16 July	Black Country Regional Performance Tier Call
17 July	Joint Dudley Group/Sandwell & West Birmingham Board Workshop
21 July	Black Country Integrated Care System Cancer Board
23 July	NHSE Midlands Regional Director Monthly Update Briefing
23 July	Black Country ICB Oversight & Assurance Sandwell & West Birmingham NHST
23 July	Further Faster 20 Senior Responsible Officers Group
24 July	Black Country ICB Oversight & Assurance Dudley Group NHSFT
24 July	Freedom to Speak Up Steering Group Dudley Group NHSFT
25 July	Joint Provider Committee
28 July	Black Country Provider Collaborative Senior Responsible Officers
28 July	Freedom to Speak Up Steering Group Sandwell & West Birmingham NHST
28 July	Midlands Endoscopy Board
30 July	Sandwell Together Partnership
30 July	Black Country Elective and Diagnostic Strategic Board
31 July	Finance and Productivity Committee
31 July	Finance and Productivity Committee Dudley Group NHSFT
31 July	Black Country Integrated Care Public and Private Board
1 August	Finance and Performance Committee Sandwell and West Birmingham NHST
4 August	Black Country Provider Collaborative Executive
4 August	Black Country ICS Chief Executive and Chief Finance Officers
7 August	Staff Meet & Greet Midland Met University Hospital
8 August	Birmingham & Solihull Chief Executive Officers
8 August	Sonia Kumar MP catch up meeting
11 August	Black Country Provider Collaborative Senior Responsible Officers
11 August	Staff Meet & Greet Sandwell General Hospital
12 August	Dudley Group & Sandwell & West Birmingham Joint Executive Development
13 August	Birmingham Cabinet Visit & Tour Midlands Met University Hospital
13 August	Black Country ICB Regional Performance Tie Call
14 August	Staff Meet and Greet Russells Hall Hospital
15 August	Birmingham & Solihull Financial Recovery
18 August	Black Country Integrated Care System Cancer Board
18 August	Further Faster 20 Senior Responsible Officers Group
27 August	Quality Committee Sandwell & West Birmingham NHST
27 August	Black Country Regional Performance Tier Call
28 August	Finance and Productivity Committee Dudley Group NHSFT
28 August	Finance and Productivity Committee Sandwell & West Birmingham NHST

**Paper for submission to the Full Council of Governors on 18 September 2025**

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

**1. Summary of key issues**

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

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

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

**2. Alignment to our Vision**

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

**3. Report journey**

Full Council of Governors Meeting – 18 September 2025

**4. Recommendations**

The Council of Governors is asked to

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

**5. Impact reflected in our Board Assurance Framework (BAF)**

BAF Risk 1.0	X	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	X	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	X	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	X	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	X	Failure to take sustained action on infrastructures that enables strategic objectives





## CHAIRS LOG UPWARD ASSURANCE REPORT FROM BOARD OF DIRECTORS

Date Board last met: July 2025

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• Noted the month 2 financial position which was caveated with a number of concerns and challenges that lay ahead in order to achieve the agreed financial plan.</li> <li>• The Board noted a downward trend in sepsis compliance within the Emergency Department (ED). The department have identified several contributing factors impacting on their ability to deliver consistent, high quality sepsis care and have developed actions to address.</li> <li>• Performance Against Workforce Forecast saw continued variation to plan and noted the adverse position for use of bank staff.</li> <li>• Safeguarding level 3 children training compliance within the midwifery and obstetric teams has reduced to 66% in May, from 80% in April for Midwives, and 79% to 58%</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Detailed update on corporate service transformation to be presented at the next meeting.</li> <li>• The Board noted that the Fit for the Future: 10 year Health Plan for England that had been launched in the previous week and gave an overview of how the plan aspired to create an NHS fit for the future. There were three key areas of focus – hospital to community; analogue to digital and sickness to prevention. Work was underway to review and ensure Trust Strategy and planning aligned once planning guidance was issued.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• Patient Story – the Board welcomed a patient who shared their experience of the Trusts Lung Cancer screening programme that had a positive outcome with his lung cancer detected and treated early.</li> <li>• The Board noted the Month 2 (May 2025, Trust financial position. was on plan and in a good position. Small increases had been seen in the run rate and was being monitored. There was a positive position on pay and work was underway to look at bringing some of the identified CIP forward.</li> <li>• Capitalisation of some IT posts had taken place reducing pay spend. Bank had seen an increase in WTE (Whole Time Equivalent) and was over target. Due to the reduction in bank rates, the financial position relating to bank remained on plan, but the number of WTE was off plan.</li> <li>• The committee chairs quadrant upward reports from Finance &amp; Productivity, Quality, Workforce and Integration Committees were</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• The Board approved the Emergency Preparedness, Resilience and Response (EPRR) Annual Report.</li> <li>• The Board supported the recommendations of the chief nurse and medical directors report following the review work undertaken of the Dr Penny Dash Report and Trust analysis.</li> <li>• The Board noted the Annual Report and Account 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 laying before Parliament and publishing.</li> <li>• Approval of the Trust Strategy document on the understanding that it would be updated following publication of the 10-year health plan.</li> <li>• The Board approved the reviewed and reset Board Assurance Framework.</li> </ul>

received noting assurances as given on the range of subjects considered.

- The Board received a full update on work underway within the Dudley Health and Care Partnership (DHCP) highlighting the focus on four areas of transformation within Dudley – life expectancy, poor housing, educational attainment and deprivation. Interventions were being made in these areas to benefit residents. Full staff engagement was taking place to update the strategy and a final version would be available in December.
- The Board received the Perinatal Quality Report noting that the Mortality data remained below national rates and noted work being undertaken related to demographic of families losing babies and that 50% of these were from areas of deprivation. One new case had been referred for newborn safety investigation.
- Integrated Quality and Operational Performance Report noted Trust performance against national standards and local recovery plans performing well overall. Expectation to deliver all within required timeframes. Noting that Cancer service performance targets were achieved. Elective recovery was seeing progress with those waiting seeing a reduction.
- Positive assurances provided related to 7 day service provision noting the Board support for the use of the Job Planning Governance Framework.

- The Board approved the Joint Infrastructure Committee Terms of Reference.

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

Meeting held face to face at the Stourbridge Health and Social Care Centre, Vicarage Road, Stourbridge, noting six apologies received from board members. The meeting was attended by a foundation trust member and one Trust governor.

## Paper for submission to the Full Council of Governors on 18 September 2025

<b>Report title:</b>	Integrated Quality and Operational Performance Report.
<b>Sponsoring executive / Presenter:</b>	Martina Morris, Chief Nurse and Director of Infection Prevention and Control Jonathan Odum, Chief Medical Officer Karen Kelly, Chief Operating Officer
<b>Report author:</b>	Leigh Dillon, Associate Deputy Chief Nurse - Quality

### 1. Summary of key issues

This report summarises the Trust's Quality and Performance data for the month of July 2025 (May/June 2025 for Cancer and VTE).

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

**IPC BAF:** The Infection Prevention & Control (IPC) Board Assurance Framework (BAF) is a tool from NHS England used to help Trusts assess the effectiveness of the arrangements and systems in place for keeping patients safe with respect to good and effective infection prevention & control. The BAF is set in the context of the 10 criteria of The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance - The Hygiene Code (Updated 2022). The BAF helps Trusts identify gaps in assurance of good IPC practice which may require further action. The NHSE Board Assurance Framework is available at: [NHS England » National infection prevention and control](#) The Hygiene Code is available at: [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK](#)

The August 2025 assessment notes generally good assurance with the primary exception of execution and maintenance of cleaning standards. There is some ongoing concern around supervision of domestic staff and the execution of training in cleaning techniques. The Trust Facilities Contract Manager is leading a deep dive exercise into cleaning methodology, techniques and training, with a view to working with the Trust soft services contractor to help bring about sustained improvements. In addition, an external Environmental Health audit in June 2025 resulted in a 3-star rating out of 5 at the Trust. This is concerning for a hospital facility and action is being followed up by the Estates Team with a view to improving hygiene standards. The detailed report is in the reading room.

**Workforce:** The safer staffing report outlines the approach taken by the Trust to undertake the safer staffing review, in line with national guidance, and provides the outcome and recommendations for individual clinical areas from an establishment and skill mix perspective. Overall, the safer staffing establishments are in a positive position to provide and deliver safe, effective, high-quality care. No significant quality and safety concerns were identified by Divisional Chief Nurses based on their current establishments, although patient acuity has increasingly been challenging in some areas requiring additional temporary staff to maintain patient safety. A decision with regards to recruiting into the 15% of the 22% headroom/uplift has been made, which requires approval from the Executive team. Currently the 22% headroom/uplift is not applied to all clinical teams and is used inconsistently, which makes it challenging when aiming to drive the bank usage down. It is evident from the quantitative data that there is a disconnect between the tools recommended staffing establishments and the current funded staffing establishments, due to quantitative data collection issues. Professional Judgement has been a key guiding influence with this and the knowledge of seasonal variation

within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow, and experience.

**Recommended workforce establishment increase, supported by the Chief Nurse and approved by the Executive team subject to funding identified:**

- **C3** – an uplift in Band 2 Clinical Support Worker (CSW), 24 hours per day.
- **C1a and C1b** - an uplift of 1 WTE Band 2 CSW on long day shifts.

The full report is in the reading room.

**CNS Review:** A Clinical Nurse Specialist (CNS) review was undertaken within the Trust using a validated tool (Cassandra Tool) which captured 70-100 hours of time for everyone. Details of work time spent on clinical interventions, administration, psychological aspects of care were recorded. A register of 112 CNSs has been generated, with a response rate of 54% of CNSs completing the data collection process. Recommendations have been formulated with 'next steps' prioritised. The data collection process will be mandated for all CNS roles in the future'.

The full report is in the reading room.

**Assure**

**Quality:**

**ED Acutely Unwell Child:** Performance in the care of acutely unwell children has improved through a dedicated meeting chaired by the Head of Children's Services, with input from senior MDT members. Progress is monitored via weekly assurance reports and SPC charts. Key improvements include Paediatric ED triage compliance increased from 65% to 89%, with no missed triages since mid-June. Specialty review compliance improved from 22% to 56–76% following targeted education. Sepsis response and e-observations compliance have improved across all paediatric areas. A robust paediatric clinical review of incident and deterioration (PaediCRID) monitoring and learning process is in place. The group will continue until improvements are embedded and sustained.

**Infection Prevention and Control (IPC):** In July, the Trust reported:

	2025/2026 Threshold	HOHA July	COHA July	Cumulative Total 25/26
CDI Toxin	72	1	4	23
E. coli	68	4	9	30
Klebsiella	19	0	1	7
Pseudomonas	12	2	1	7
MSSA	N/A	5	2	20
MRSA	0	0	0	0

In line with the Patient Safety Incident Response Framework (PSIRF), the IPC team conducts post infection reviews for all Hospital Onset Healthcare Associated (HOHA) cases to identify recurring themes and support shared learning.

Due to the Trust exceeding BSI thresholds in 2024/25, and with further threshold reductions for 2025/26, the IPC team is developing a targeted improvement plan to run alongside the existing CDI improvement plan.

Encouragingly, there has been a reduction in HOHA cases for both CDI and BSI in Q1 2025/26, with 22 cases reported compared to 44 in Q1 2024/25. A refresh of the IPC BAF has been completed and is in the reading room.

**Gold Standards Framework (GSF):** GSF accreditation has been successfully achieved for AMU 1 and 2, C1b, and B2 Hip, with re-accreditation for C7.

## Performance:

**Discharge Ready Date (DRD):** In July, performance against the Discharge Ready Date (DRD) metric improved significantly, with the average days from DRD to discharge reducing to 3.63 from the 5–6-day trend seen earlier in the year. This demonstrates the impact of strengthened discharge planning and closer coordination with community partners.

**Emergency Performance:** In July ED 4-hour performance was at 78.40% vs the national target of 78%.

**Cancer Performance:** 28 Day FDS: Achieved 78% against national target of 77% (March 2026 national target is 80%). Increased focus on individual tumour site pathways to achieve monthly plans submitted to NHSE and for performance to be sustained.

**DM01 Performance:** DM01 for July continues to improve with performance of 88.4% compared to 87.1% in June. Backlog and number of 13+ week waits has reduced from 263 last month to 192.

**Elective Restoration & Recovery:** Performance against the 18-week RTT standard has shown continued improvement, with 62.9% of patients treated within 18 weeks. This position is 1.4% ahead of trajectory.

## Advise

### Quality:

**Safer staffing:** Staffing compliance and Care Hours Per Patient Day (CHPPD) were slightly lower in July compared to June. There was a minor increase in care support worker bank usage, while registered nurse bank usage remained consistent. Bank usage continues to be utilised in areas with high vacancy rates, particularly in the Emergency Department (ED) and medical emergency wards, including coverage for the Temporary Escalation Space (TES) areas and additional beds in the Acute Medical Unit (AMU). The Corporate Nursing Team has continued to provide support in line with the established rota.

As of July, 130 student nurses on placement within the Trust are due to qualify between February and September 2025. Of these, 22 have been offered positions within the Trust, while 108 students are still seeking employment. The NHS England Chief Nursing Officer (NHSE CNO) has announced a *Graduation Guarantee* for all newly qualified nurses and midwives. The Trust awaits further guidance from the Integrated Care Board (ICB) regarding a system wide implementation approach.

**Pressure Ulcers (PUs):** In July, there was an increase in Trust acquired pressure ulcers, with 157 incidents reported compared to 135 in June. Of these, 83 occurred in inpatient ward areas and 74 in community settings. Of the 157 incidents, 32 triggered a Serious Incident Triage (SIT) investigation. Outcomes of the investigations found 22 cases resulted in no harm and 10 in low harm. No cases were classified as moderate harm. Key themes identified include inaccurate risk assessments and delays in equipment provision. These concerns have been escalated to the supplier. A new equipment tender process is currently live, with evaluations of the top three suppliers scheduled for 19th and 20th August. The Trust continues to work collaboratively with system partners to identify and implement strategies to reduce pressure ulcer incidence.

**Falls:** The total number of in-patient falls decreased slightly to 88 in July compared to June. Two After Action Reviews (AAR) were conducted, with one incident resulting in moderate harm and the other in low harm. The rate of recurrent falls has remained stable.

A trolley risk assessment has been developed for implementation across Emergency Department (ED), theatres, maternity, and day case areas and is in final consultation stage.

#### **Performance:**

**ED Triage:** July's Overall Triage position is 81.8% vs 95% national target. Arrivals via ambulances and front triages were high, limiting the front triage performance, along with high acuity of patients.

**Cancer (Data to June) 28-day FDS:** Performance to be sustained. Forecast shows achievement of monthly plan from July 2025.

**31 day combined & 62 day combined:** Gynae and skin capacity most challenged. Extra slots have been provided for both tumour sites and shows an improved position from July onwards.

**DM01:** Sleep Studies equipment and additional workforce providing extra capacity. Staffing challenges in June and July have impacted recovery plan and revised trajectory will clear 6+ week backlog by October 2025.

**Elective Restoration & Recovery:** For 52-week waits, a revised trajectory was agreed through the annual planning process, extending delivery to the end of Q2. Corrective actions are in place to recover this position and achieve zero 52-week breaches by the end of September. There were no 65-week breaches reported in July.

#### **Alert**

#### **Quality:**

**ED Sepsis:** The trust has noted a downward trend in sepsis compliance within the Emergency Department (ED). The department have identified several contributing factors impacting on their ability to deliver consistent, high quality sepsis care. The ED Sepsis Lead (Deputy Matron) has worked all but one shift in the last month as nurse in charge due to ongoing staffing challenges. This has significantly reduced their ability to undertake an oversight role, managing departmental operations, monitoring sepsis triggers, and providing ad hoc teaching and support at the point of patient triage. The additional areas open within the department are often staffed by other areas who may not be familiar with sepsis management. This inconsistency impacts the timely recognition and management of sepsis. The department has been increasingly dependent on bank staff, with poor fill rates leading to staffing shortfalls. There has been a noticeable rise in the number of patients triggering for sepsis, alongside a general increase in patient acuity, placing further pressure on available staff.

Despite the current challenges, the department remain fully committed to improving sepsis compliance to ensure the best outcomes for patients and maintain high clinical standards within the department. The department aim to meet to formulate a targeted action plan, drawing from the weekly Paediatrics Assurance Report submitted to the Divisional TRI. This will provide regular oversight and accountability. Utilisation of the AQUA data, provided by the Deteriorating Patient Lead, to inform actions based on specific areas of low compliance, this will enable data driven, focused improvements. The ED Sepsis Lead will attend the DPG meeting monthly, accompanied by a member of the nursing team. This will enhance shared learning, increase understanding of sepsis related harm, and build team wide ownership of compliance targets.

**Temporary Escalation Space (TES) Incidents:** The number of incidents related to Temporary Escalation Space (TES) areas being opened increased in July to 26, up from 21 in June. This continues the upward trend in TES use reporting observed since January 2025. In July, 53.8% of incidents were associated with site wide TES spaces and 46.2% occurred in the Emergency Department (ED). The increased usage of TES and ED corridor spaces is primarily due to

reduced patient discharges at the divisional level, leading to limited patient flow from ED and challenges in meeting West Midlands Ambulance Service (WMAS) offload targets. The discharge lounge was closed as an inpatient area on 8<sup>th</sup> August and now resumes as originally intended. Further extensive work remains on eliminating the use of TES areas. Notably, there has been improved compliance in the completion and updating of TES risk assessments on Datix. Additionally, AMaT audits for TES areas designed to monitor quality and safety went live on 1st July.

**VTE:** Initial VTE screening compliance remains compliant; however, there is low compliance with second assessments. A meeting is being scheduled to review recent VTE incidents and to ensure that meaningful and impactful actions are implemented to improve second assessment adherence.

#### Performance:

**Discharge Ready Date:** An organisational decision is required regarding the longer-term future of the Pathway 1 bridging model. While the initiative has delivered clear benefits in supporting timely discharge and maintaining flow, the associated costs present a material financial risk if continued without wider system support.

## 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

## 3. Report journey

Quality Committee – 26<sup>th</sup> August 2025, Public Board – 11<sup>th</sup> September 2025 and Council of Governors - 18<sup>th</sup> September 2025

## 4. Recommendation(s)

The Council of Governors is asked to

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

## 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	x	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	x	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	x	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	x	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	x	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	x	Failure to take sustained action on infrastructures that enables strategic objectives
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 Full Council of Governors on 18 September 2025**

<b>Report title:</b>	Journey to a Single Board
<b>Sponsoring executive / Presenter:</b>	Sir David Nicholson, Chair Gary Crowe, Deputy Chair
<b>Report author:</b>	Helen Board, Board Secretary

**1. Summary of key issues**

**Background**

Since the summer of 2022, the four partners of the Black Country Provider Collaborative agreed to strengthen collaboration, formalising a partnership arrangement that better enabled the pursuit of the following vision:

*“One healthcare system, across multiple sites, working in partnership to provide better, faster and safer care to the population of the Black Country and beyond.”*

The Achieving Synergy paper, shared with Governors in November 2024, summarised options for collaboration as a Group model between Sandwell and West Birmingham NHS Trust (SWB) and The Dudley Group Foundation Trust (DGFT) and highlights the opportunities and benefits of collaboration, including:

- o Shared Clinical strategy and Service Quality standardisation.
- o Strengthening and excelling in operational performance in Urgent Care, Elective and diagnostics and Cancer.
- o Finance and productivity.
- o Community and Primary Care services.

The Achieving Synergy paper considered the leadership and governance options for moving forwards and identified the value of joint leadership for leveraging the full benefits of operating at scale. Particularly, joint leadership with a single Group Board to support and improve the strategic alignment between The Dudley Group and Sandwell and enable joint decision making.

Reflecting the need to maintain the sovereignty of each individual organisation, each trust will maintain its own board of directors that will meet as needed each year to fulfil its statutory and regulatory functions.

To ensure that the Council of Governors have remained fully informed there have been regular briefings and updates:

- 22<sup>nd</sup> November – briefing session
- 19<sup>th</sup> December – update at Council meeting
- 20<sup>th</sup> March – update at Council meeting
- 10<sup>th</sup> April – briefing session
- 19<sup>th</sup> June – update at Council meeting
- 1<sup>st</sup> August – briefing session
- 18<sup>th</sup> September – update at Council Meeting



## Key Milestones

The transition to a single Group board effective from April 2026 is on track with a number of key posts now in place including support from the Council of Governors for the appointment of Diane Wake as Chief Executive Officer for both trusts and a number of Group Executive appointments.

The process to appoint non-executive directors to the Group Board is well underway. On behalf of the Board, the Trust Chair, Sir David Nicholson, has ensured that the Lead Governor, A Giles, is involved in the ongoing discussions that had been endorsed by the Full Council. The process is expected to conclude by the end of October 2025. The Council's approval and support will be required, given its statutory role and note that a formal paper will be presented to the Remuneration and Appointments Committee and thereafter to an extraordinary meeting of the Full Council of Governors in October – meeting dates to follow.

The operation of joint committees across both organisations has begun with the establishment of a Joint Infrastructure Committee. This will be followed by committees covering finance and productivity, people, and quality that will conclude by March 2026. Corporate governance oversight to support careful planning is in place and will ensure committees are aligned while maintaining strong governance within each individual organisation.

## 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

## 3. Report journey

Full Council of Governors Meeting – 18 September 2025

## 4. Recommendations

The Council of Governors is asked to

- a) **Note** the key milestones as part of the transition to a single group board and to discuss the matters included in this report

## 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	X	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	X	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	X	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	X	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	X	Failure to take sustained action on infrastructures that enables strategic objectives



**Paper for submission to the Full Council of Governors on 18<sup>th</sup> September 2025**

<b>Report title:</b>	Quarterly Trust strategy and annual plan progress report April – June 2025
<b>Sponsoring executive / Presenter:</b>	Adam Thomas Group Chief Strategy & Digital Officer
<b>Report author:</b>	Ian Chadwell Deputy Director of Strategy

**1. Summary of key issues**

The full report is attached as Appendix 1 which shows progress against each of the six in-year objectives identified in the Annual Plan 2025/26 using a revised and simplified format.

Progress against each of the ten assurance metrics that are being used to track progress against the new strategy which was formally approved at Board of Directors in July 2025 is also shown.

**Assure**

Recruitment to positions to enable the Care Navigation Centre to start operation, along with the development of pathways to support alternatives to hospital attendance and admission, mean that the new service is set to go live from 1<sup>st</sup> September.

Anti-bullying and anti-discrimination policy and toolkit have been launched and promoted across the organisation, including via the Make It Happen tours in May and June.

Plans to reduce back-office costs have been submitted to NHSE with plans for a £800k reduction included within the cost improvement programme this year.

**Advise**

Care Transfer Hub launched by bringing together different agencies into same physical space and electronic bed management system has been developed and is due to be deployed in the second quarter providing better information about the bed state and improving flow through the hospital.

A business case for an elective hub in the south of the Black Country has been developed with the aim of using space at Sandwell Health Campus.

Acute therapy appointments are now being offered in community locations with plans for use of four additional outpatient rooms at Merry Hill Centre being developed with some outpatient services set to re-locate next quarter.

**Alert**

Cost savings associated with the transformation of non-elective pathways have not yet been materialized and support has been sought from an external consultancy.

Changes to the NHS Payment system this year threaten the financial viability of the elective hub business case so that the emphasis is now on the relocation of services rather than provision of additional capacity.

**2. Alignment to our Vision**

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>x</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>x</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>x</b>

### 3. Report journey

Quality Committee – 29<sup>th</sup> July 2025  
People Committee – 29<sup>th</sup> July 2025  
Integration Committee – 30<sup>th</sup> July 2025  
Finance & Productivity Committee – 31<sup>st</sup> July 2025  
Board of Directors – 11<sup>th</sup> September 2025  
Council of Governors – 18<sup>th</sup> September 2025

### 4. Recommendation(s)

The Council of Governors is asked to  
a) Note the progress report for quarter 1

### 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	x	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	x	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	x	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	x	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	x	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	x	Failure to take sustained action on infrastructures that enables strategic objectives

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:



# Quarterly strategy and annual plan progress report Apr – Jun 2025

# Progress against annual plan 2025/26

## MULTI-YEAR COMMITMENTS



Shift care from  
hospital to community



Value our people



Make best use  
of our resources



Improve speed of  
access to planned care



Develop thriving  
partnerships

## IN-YEAR OBJECTIVES

- ⊕ Implement care navigation centre
- ⊕ Implement a new model of care for urgent and emergency care
- ⊕ Develop an anti-bullying, anti-discrimination culture
- ⊕ Establish an elective hub south of the Black Country
- ⊕ Transform outpatient services
- ⊕ Transform corporate services

## TASK AND FINISH PROJECTS

- ⊕ Implement community portal and develop a case for electronic patient records
- ⊕ Maximise potential of same day emergency care by reviewing operating hours
- ⊕ Develop a new model for frailty
- ⊕ Increase membership for all staff networks
- ⊕ Use national manager development framework to develop and deliver internal career progression framework
- ⊕ Implement productivity/financial recovery programme
- ⊕ Improve theatre productivity
- ⊕ Implement the Community Diagnostic Centre
- ⊕ Automation of administration tasks
- ⊕ Optimisation of NHS App
- ⊕ Review of medical workforce
- ⊕ Standardisation of bank rates
- ⊕ Transform clinical services





In Year Objective : Implement care navigation centre



Quarter: Apr – Jun 2025

Executive sponsor: Kat Rose

Objective status

Status

Summary

Decision to allocate a portion of funding held in reserves to support expansion of Dudley Clinical Hub into a Care Navigation Centre. Business case developed quantifying the benefits which are estimated to be over 11,000 fewer patients attending ED by offering alternative pathways. Outputs from Community First Value Stream Analysis in April supporting the implementation

How achieved?

Status

Progress this quarter

Priorities for the next quarter

Staffing capacity and skill mix to meet increased demand



Decision to proceed at risk with recruitment  
Recruitment successful with 3.33 wte being re-advertised  
Business case developed and approved

Develop communications to ensure all relevant parties are aware of what the new Centre can provide  
Complete recruitment and staff training  
Launch Care Navigation Centre from 1<sup>st</sup> September

Development of alternative pathways to admission



Data analysis conducted to quantify impact  
Pathways to Emergency Surgical Hub, agreed  
Post of surgical tracker included within the business case  
Pathway to heart failure and acute medicine virtual ward step up agreed  
Referral forms and data sets developed to ensure data collection  
Pilot for OOH (6.30-8am) CAD referral review and stacking by Wolverhampton for all of the Black country started 16th June

Development of pathway for DVT, Urology.  
Pathway for Frailty to be developed  
Training for all Triage staff in new pathways  
Care home engagement event planned for Sept 25.  
Working with Communications to develop a comms plan for the project.

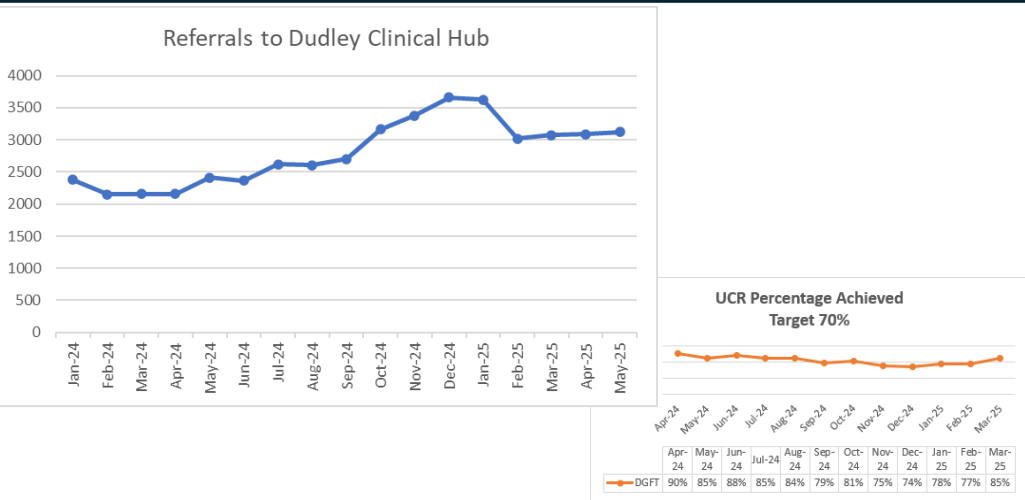
Making centre available to patients and carers working with Sandwell



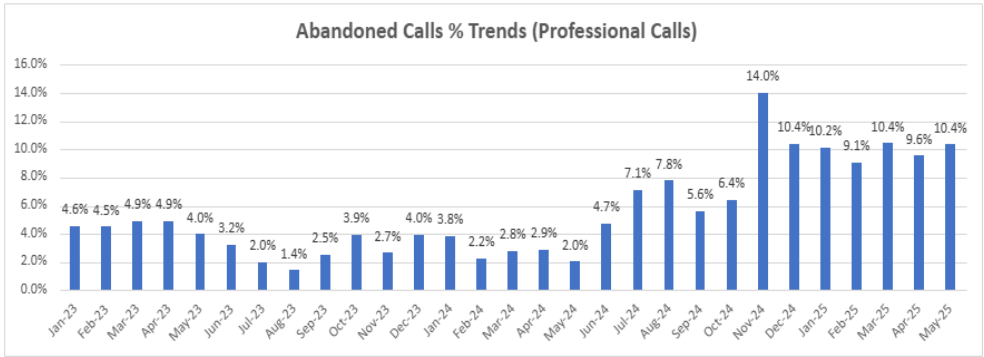
Discussions with Sandwell to develop a single point of access across the south of the Black County

Work with Sandwell on opportunities for workforce and a shift of resource  
Engagement with care homes, primary care and WMAS to increase utilisation of the CNC.

Key Performance Indicator



Balancing metrics



Risks and mitigations

**Risk:** delays in development of standard operating procedures/criteria preventing staff training and launch  
**Mitigation:** work with clinical leads and use experience from Sandwell as required  
**Risk:** lack of utilisation of the CNC by WMAS, Primary care and care homes resulting in unnecessary attendances to ED  
**Mitigation:** Work with communications to develop communications plan to support project, engagement events with primary care and care homes.

In Year Objective : Implement a new model of care for urgent and emergency care



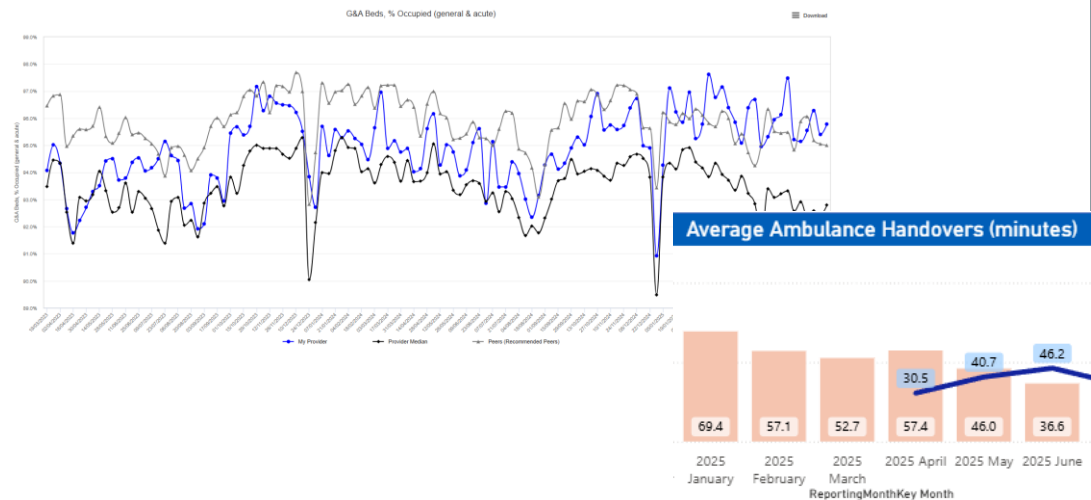
Quarter: Apr – Jun 2025

Executive sponsor: Karen Kelly

Objective status			Status
Summary	Bed occupancy remains high preventing patients being admitted to a bed when required. The trust remains an outlier for ambulance handovers. The UTC is currently filtering an insufficient number of patients which is resulting in unnecessary admissions. Discharge improvements are being made through the Care Transfer Hub and the development of an electronic bed management system.		

How achieved?	Status	Progress this quarter	Priorities for the next quarter
Optimising flow between UTC and ED		Review of recommendations from recent NHSE visits Initiated discussions with Malling Health and commissioner Researched other models for streaming patients presenting at UTC	Complete visits to other sites Agree a new model for Dudley with commissioners and Malling Health Prepare plan or business case as required
Development of alternatives to hospital admission		Preparation of plans for different models discussed in Quality and productivity workstream for non-elective care including proposals to expand virtual wards Rapid Enablement Assessment Care Coordination Therapy and Treatment (REACT) model in place in ED to prevent admission Discussions with external company to provide support	Agree what external support to be brought in to support redesign of pathways Consolidate all recent visit recommendations concerning UEC Assess impact of REACT
Discharge improvement		Soft launch of Care Transfer Hub by bringing together resources from different organisations forming a single coordination model for discharge and admission avoidance from June Electronic bed management system developed	Commence roll-out of electronic bed management system from July

Key Performance Indicator



Balancing metrics

Risks and mitigations
<b>Risk:</b> investment needed to increase capacity in virtual wards <b>Mitigation:</b> utilise funds held in reserve for shifting care from hospital to community <b>Risk:</b> changes in staff behaviour required to ensure bed management system shows 'real-time' bed state <b>Mitigation:</b> roll-out of system to include appropriate standard operating procedure with training

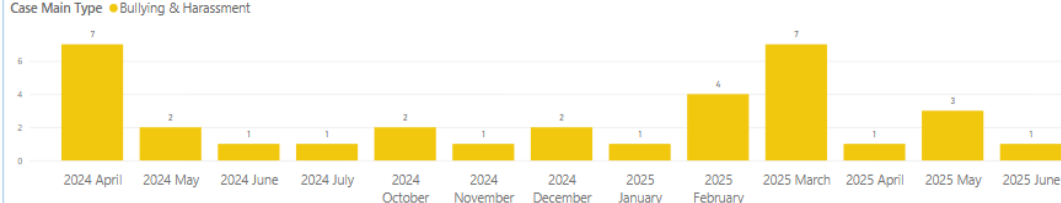


In Year Objective : Develop an anti-bullying, anti-discrimination culture



Quarter: Apr – Jun 2025

Executive sponsor: James Fleet

Objective status				Status																												
Summary	To embed a culture of anti-bullying and anti-discrimination culture across the Trust to ensure Dudley is a brilliant place to work and thrive																															
How achieved?	Status	Progress this quarter	Priorities for the next quarter	Key Performance Indicator																												
A clear policy framework and expectations		The new Anti-Bullying and Anti-Discrimination Policy is now launched and associated briefing videos and comms have been disseminated Policy focus during Make it Happen	<ul style="list-style-type: none"><li>Continued communication plan across the year</li><li>Commence planning for Anti Bullying Week later this year</li></ul>	<div>Opened Cases - Trend by Case Main Type</div> <div>Case Main Type <span>●</span> Bullying &amp; Harassment</div>  <table><tr><th>Month</th><th>Opened Cases</th></tr><tr><td>2024 April</td><td>7</td></tr><tr><td>2024 May</td><td>2</td></tr><tr><td>2024 June</td><td>1</td></tr><tr><td>2024 July</td><td>1</td></tr><tr><td>2024 October</td><td>2</td></tr><tr><td>2024 November</td><td>1</td></tr><tr><td>2024 December</td><td>2</td></tr><tr><td>2025 January</td><td>1</td></tr><tr><td>2025 February</td><td>4</td></tr><tr><td>2025 March</td><td>7</td></tr><tr><td>2025 April</td><td>1</td></tr><tr><td>2025 May</td><td>3</td></tr><tr><td>2025 June</td><td>1</td></tr></table> <p>Comparing April to June 2024 over the same period in 2025 – there has been a small increase in reported cases (10 cases in 2024 to 12 in 2025).</p> <p>Looking at closed cases between April 2024 to June 2024 against the same period in 2025. In 2024 86% of closed cases were closed after informal action. In 2025 70% of cases were closed formally. This suggests that it is potentially too early to see the benefits of informal resolution under the new policy as many of the cases closed during Q1 would be historical.</p>	Month	Opened Cases	2024 April	7	2024 May	2	2024 June	1	2024 July	1	2024 October	2	2024 November	1	2024 December	2	2025 January	1	2025 February	4	2025 March	7	2025 April	1	2025 May	3	2025 June	1
Month	Opened Cases																															
2024 April	7																															
2024 May	2																															
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2025 February	4																															
2025 March	7																															
2025 April	1																															
2025 May	3																															
2025 June	1																															
Tools and skills to adopt and sustain		Several toolkits have been developed and launched. Manager training has been developed and will launch in June A bespoke hub page is now live on the "hub" under the HR pages	<ul style="list-style-type: none"><li>Roll out managers training</li></ul>																													
Bespoke support for challenged teams		Diagnostic work has commenced in identified teams with high levels of reported concerns.	<ul style="list-style-type: none"><li>Tailored interventions are being co-designed with team leaders and HR Business Partners.</li></ul>																													
Risks and mitigations				Balancing metrics																												
<p><b>Risk:</b> Low engagement with the new Anti-Bullying and Anti-Discrimination Policy and toolkits.</p> <p><b>Mitigation:</b> Ongoing communication campaigns to raise awareness including engagement with staff networks, Embedding policy discussions into team meetings and appraisals. Monitoring usage metrics of the bespoke hub and toolkits.</p> <p><b>Risk:</b> Managers may lack confidence or time to deliver training effectively.</p> <p><b>Mitigation:</b> Provide flexible, bite-sized training modules, Offer live Q&amp;A sessions and peer support forums. Track completion rates and follow up with support where needed.</p> <p><b>Risk:</b> Delayed impact of informal resolution processes due to legacy cases.</p> <p><b>Mitigation:</b> Track and analyse outcomes of new cases separately, Provide refresher training on informal resolution techniques. Use case studies to demonstrate successful informal resolutions.</p>				<ul style="list-style-type: none"><li>Staff survey results on perceptions of fairness and inclusion will be monitored quarterly.</li><li>Monitoring of staff turnover and sickness absence in teams receiving bespoke support.</li><li>Feedback from training sessions and toolkit usage will be gathered to assess impact.</li><li>Pulse surveys to track confidence in informal resolution processes.</li></ul>																												

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In Year Objective : Establish an elective hub south of the Black Country



Quarter: Apr – Jun 2025

Executive sponsor: Karen Kelly

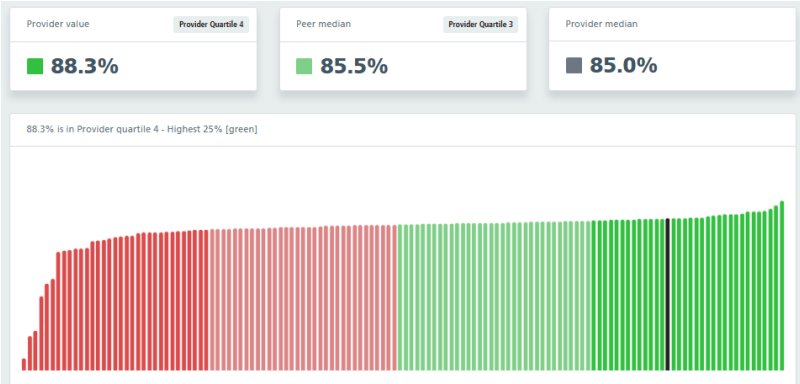
Objective status		Status
Summary	Black Country system successful in bid for capital for elective hub from the Constitutional Standards Programme (£9.75m) at start of May. Business case is under development with target to submit through committees in July followed by regional and national approval. Project group with representatives from both Sandwell and Dudley has been meeting regularly to ensure deliverables. Current plan is for phase 1 (mutual aid) to start in September with refurbished day case theatres becoming operational at the end of quarter 3.	

How achieved?	Status	Progress this quarter	Priorities for the next quarter
Development of business case		Business case (short form) developed and amended to reflect change to NHS payment system in 2025/26 Patient and public communications launched in mid-June Agreement of which services will utilise the Hub (orthopaedics, general surgery, gynaecology)	Complete business case with approval at Finance & Productivity Committees in both trusts in July followed by board sign-off Report the outcome of public consultation
Refurbishment, equipment purchasing and staff		Sandwell leading on refurbishment of 4 operating theatres and 2 wards Finalising equipment purchase Review of staffing models in both organisations	Commission refurbishment on confirmation of approval of business case (16 week lead-in time) Agree future workforce model
Agreement of pathways and operational procedures		Informal site visit from regional GIRFT team for surgical hub accreditation for Russells Hall Hospital day surgery unit	Submission of formal application by 17 <sup>th</sup> September with visit from national GIRFT team expected 1 <sup>st</sup> October

Risks and mitigations
<p><b>Risk:</b> business case is not financially viable</p> <p><b>Mitigation:</b> focus on shifting services to the elective Hub rather than providing overall additional capacity</p> <p><b>Risk:</b></p> <p><b>Mitigation:</b></p>

Key Performance Indicator

Achieving top quartile performance for the basket of procedures recommended by British Association of Day Surgery (3 months to end of March 2025)



Balancing metrics

Include something about theatre cancellations?

# In Year Objective : Transform outpatient services

Quarter: Apr – Jun 2025

Executive sponsor: Karen Kelly

Objective status				Status
Summary	Active participation in the Further Faster 20 programme with progress against outpatient metrics such as missed appointments and Patient-initiated follow-up (PIFU), as well as pre-appointment advice & guidance & remote appointments. Clinic template review by GIRFT has potential to identify capacity that ought to be deliverable from existing resources. OPD Digital Programme commenced in April 2025 with early signs from ambient AI showing positive results.			
How achieved?	Status	Progress this quarter	Priorities for the next quarter	Key Performance Indicator
Participation on Further Faster 20 to improve outpatient processes		Clinic templates across 17 focus specialties reviewed and submitted to GIRFT as part of benchmarking exercise. Missed appointment rates reducing with ongoing monitoring via outpatient group. Progress against patient-initiated follow-up with some areas to pilot PIFU by default.	Feedback from GIRFT regarding benchmarking exercise and estimation of the amount of additional activity that can be delivered. Use of clinic templates and job plans to quantify the amount of activity that can be delivered. Strengthen primary and secondary care interface forum to support use of advice and guidance.	<p>DNA rate in April at 6.0% better than England average.</p> <p><u>Patient-initiated follow-up (PIFU) rate</u> = 3.4% in May with expectation of increase to 3.9% in June.</p> <p><u>Remote Consultation Rate</u> = 14.1% which is in the lowest quartile nationally – the Model Hospital data includes non-Oasis activity. May 25 Oasis PAS performance – 80.9% F2F vs 19.1% Virtual - over 12 week period (17.3.25 – 2.6.25) CSS 80% F2F vs 20% Virtual - MIC 76% F2F vs 24% Virtual - SWC 86% F2F vs 14% Virtual.</p> <p><u>Pre-Appointment – A&amp;G &amp; RAS</u> – 7-9k referrals triaged monthly across a combination of 56 Specialty areas – A&amp;G 50% accepted &amp; 50% rejected – RAS 80% accepted &amp; 20% rejected. <u>Cinapsis Eye eRS System from Community Optometrists</u> – Oct 23 – May 25 – Total referrals 3449 – 71% accepted &amp; 18% rejected A&amp;G. <u>CDC Dermoscopy</u> – Jan 24 to Apr 25 – Total referrals 4888 – 31% (1525) rejected with A&amp;G. <u>Neurology Consultant Connect</u> - April 25 to date:- 2k referrals triaged – 31% (651 referrals) rejected with A&amp;G.</p> <p><b>Balancing metrics</b></p> <p>Trust DNA target – 5% March 2026.</p> <p>Trust PIFU target – 6% March 2026.</p>
Develop a plan for re-locating outpatient services		Acute therapy appointments now being offered from a variety of community locations instead of Russells Hall. Plans developed for use of additional space at Merry Hill Centre to deliver outpatients (4 rooms). Discussions with directorates to identify more services to re-locate.	Agreement over which services delivered from Merry Hill and start service delivery Workshop with services to discuss future use of Brierley Hill with the building owner	
Deployment of digital solutions to improve efficiency and productivity		OPD Digital Programme commenced in April 2025 with clinic documentation digitisation and pilot of use of ambient AI Roll out of Video Consultation software delayed due to information governance concerns	Implementation of PIFU across agreed service areas. Approval of AI business case to continue implementation Pilot of e-outcomes form. Decision to be made on video consultation	
Risks and mitigations				
<p><b>Risk:</b> Recent increase in GP referrals observed which puts future achievement of RTT at risk.</p> <p><b>Mitigation:</b> Work with ICB / Primary care to understand changing referral patterns.</p> <p><b>Risk:</b> Uptake of patient-initiated follow-up not increasing as planned.</p> <p><b>Mitigation:</b> Share good practice through GIRFT forums and leverage clinical leaders to bring about change in practice.</p>				

Quarter: Apr – Jun 2025

Executive sponsor: Chris Walker

Objective status		Status
Summary	Plan to achieve corporate growth reduction has been submitted to NHSE with further plans being developed working across the group with Sandwell and the whole of the Black Country	

How achieved?	Status	Progress this quarter	Priorities for the next quarter
Improvements in payroll		Shared management across Dudley and Sandwell since 1 <sup>st</sup> April	Post implementation monitoring of service changes
Develop plans to reduce back office costs		Meetings with executive directors in April & May Bottom up plan established which meets expectations Plan submitted to NHSE on 30 <sup>th</sup> May All corporate cost improvement identified (procurement, PFI etc.)	Monitor implementation and continued collaboration for all joint corporate service areas Individual Directors to progress with shared service restructure plans with Sandwell as appropriate
Contribution to development of wider plan for corporate services		Provider Collaborative has commissioned development of legal framework for the agreed strategic vehicle of a Managed Shared Service (MSS) Development of case for change in readiness for business case	Continued development of legal framework Identify early adopters for transition to system wide MSS – collaborative bank, recruitment, R&D

Key Performance Indicator

Target reduction from national team was £3.97m  
Allowing for proposed exceptions the trust has submitted a compliant growth reduction plan

Balancing metrics

Risks and mitigations

**Risk:** failure to transform corporate services and deliver the cash releasing efficiencies expected  
**Mitigation:** develop and implement plans at individual organisation, group and system-wide level

**Risk:**  
**Mitigation:**

# Annual plan dashboard

	RAG	Current status against plan	Comments
Elective activity		Day case +3% against plan (+339 cases) Ordinary elective +1% against plan (+18 cases)	Indicative activity plan agreed with commissioners. Continue to monitor activity and any over-performance closely as financial impact of any over-performance on elective activity will need to be balanced from other commissioner funds
A&E and Non-elective activity		Non-elective admissions +4% against plan (+670 cases) A&E attendances (type 1) +7.9% over plan (+2211 attendances)	
Performance		Total RTT waiting list at the end of June 46,789 patients which is 2,899 above plan Percentage waiting less than 18 weeks 62.7% against plan of 60.7% Percentage waiting less than 18 weeks to first appointment 65.9% against plan of 63.3% 52+ week waiters 455 which is 40 above plan Overall diagnostic activity (all modalities) to end of May 0.5% lower than plan (161 tests). Below plan for MRI and ultrasound	Concern that recent increase in referral rate is making the percentage within 18 weeks higher whilst the overall list size is growing
Workforce		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.	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.  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.
Finance		At the end of month 3, deficit was £4.459m which was £73k better than the financial plan	

# Progress against Trust strategy 2025 – 2028



STRATEGIC OBJECTIVES 2025 – 2028



**Our Patients**

Deliver right care, in the  
right place, at the right time



**Our People**

Be a brilliant place  
to work & thrive



**Our Place**

Build innovative partnerships to  
improve the health of our communities

HOW WE WILL MEASURE OUR PROGRESS

- |   |   |  |  |   |
|---|---|--|--|---|
| 1 Top performing for overall patient experience | 3 Mortality better than the national average            | 5 Continue to improve how productive we are  | 7 All parts of the staff survey better than national average | 9 Reduce unnecessary stays in hospital              |
| 2 Achieve all national standards                | 4 Palliative care patients die in their place of choice | 6 Ensure our leaders meet national standards | 8 Reduce planned care leaving our system                     | 10 Increase our contribution to the local community |

MULTI-YEAR COMMITMENTS



Shift care from  
hospital to community



Value our people



Make best use  
of our resources



Improve speed of  
access to planned care



Develop thriving  
partnerships



**Our Values: Care, Respect, Responsibility**

	Assurance metric theme	Measure	Indicators	Frequency	Latest Period	Value	Compared with other trusts
1	Overall Patient Experience Score	Children and young people's survey	Overall Experience - Parents and carers' reports (0-15 years)	Every 4 Years	2024	8.3 / 10	About the same
			Overall Experience - Parents and carers' reports (8-15 years)	Every 4 Years	2024	8.4 / 10	About the same
		Maternity survey	Labour and Birth	Annual	2024	Not available	
			Staff Caring for you	Annual	2024	8.4 /10	About the same
			Care in Hospital after the birth	Annual	2024	7 / 10	About the same
		Urgent and emergency care survey - type 1	Experience Overall	Every 2 Years	2024	7 / 10	About the same
		Adult inpatient survey	Experience Overall	Annual	2023	8.1 / 10	About the same
2	Constitutional Standards	Emergency access standard	Emergency access 4-hour wait	Monthly	Jun-25	79.8%	
		Referral to Treatment (RTT-18 weeks)	RTT Incomplete Pathways - % waiting within 18 Weeks	Monthly	Jun-25	63.2%	
		Diagnostics Waits (6 weeks)	Diagnostic Tests - % waiting less than 6 weeks (DM01)	Monthly	May-25	84.1%	
		Cancer Waiting Times	28 Day Combined	Monthly	May-25	77.7%	Target = 75%
			31 Day Combined	Monthly	May-25	93.70%	Target = 96%
			62 Day Combined	Monthly	May-25	74.30%	Target = 85%
		Financial Balance	Performance against financial plan	Monthly	Jun-25	£73k better than plan	
3	Mortality	Summary Hospital Mortality Indicator (SHMI)	Indicator value for expected number of deaths - 12 month rolling value	Monthly	Feb24-Jan25	0.992	As expected
4	People die in their preferred place		Percentage of all of deaths that occurred in the location the patient had identified as their preferred place of death.	Annual	2024/25	23%	Not yet available
5	Productivity	Implied productivity metric	New Implied Productivity Growth (year-to-date compared to 2019/20)	Monthly	Feb-25	-5.7% Quartile 3	-10.8% (provider median)
			New Implied Productivity Growth (year-to-date compared to last year)	Monthly	Feb-25	6.0% top quartile	2.5% (provider median)
6	Leaders meeting national competency framework	Metrics to be developed	Metrics to be developed	Monthly		Estimated implementation date is October 2025 as part of national roll-out	



	Assurance metric theme	Measure	Indicators	Frequency	Latest Period	Value	Compared with other trusts
7	Staff Survey	People Promise	We are compassionate and inclusive	Annual	2024	7.18 Quartile 2	5.92 (benchmark median)
			We are recognised and rewarded	Annual	2024	5.81 Quartile 2	6.74 (benchmark median)
			We each have a voice that counts	Annual	2024	6.56 Quartile 2	6.24 (benchmark median)
			We are safe and healthy	Annual	2024	5.95 Quartile 3	6.84 (benchmark median)
			We are always learning	Annual	2024	5.64 Quartile 2	7.21 (benchmark median)
			We work flexibly	Annual	2024	6.17 Quartile 3	6.09 (benchmark median)
			We are a team	Annual	2024	6.70 Quartile 2	6.67 (benchmark median)
		Themes	Staff engagement	Annual	2024	6.71 Quartile 2	5.64 (benchmark median)
			Morale	Annual	2024	5.75 Quartile 3	5.93 (benchmark median)
		The National Quarterly Pulse Survey	Employee Engagement Score	Quarterly	Q1 2025/26	6.4 Quartile 3	6.4 (national average)
8	Reduce planned care leaving our system	Percentage of elective activity performed at trust for Dudley PCNs	Simple cataracts	Quarterly	2024/25	15.6%	Percentage in independent sector in Dudley 61.4% compared to 64.2% median
			Primary Hip and Knee replacement	Quarterly	2024/25	36.1%	Percentage in independent sector in Dudley 28.0% compared to 32% Black Country (GIRFT data)
9	Reduce unnecessary bed days	Internal Monitoring	Number of Hours between Medically Optimised for Discharge(MOFD) to Physical Discharge	Monthly	Jun-25	2,555	National monitoring not yet available
10	Increase our contribution to the local community		Proportion of staff living locally	Quarterly	Jul-25	68%	not available
			Proportion of procurement spend in local economy (Birmingham and the Black Country)	Quarterly	2024/25	7%	not available
			Air quality monitoring at Russells Hall Hospital	Quarterly		Awaiting report from West Midlands Combined Authority	not available

Assurance metric	Explanatory information
Overall patient experience score	Taken from national CQC surveys which are conducted annually or every other year. In instances where surveys are not carried out annually, an internal survey using a similar methodology to the national survey will be used to track progress
People die in their preferred place	This metric comes from an annual audit of data relating to end of life care using both primary and secondary care records. Comparative results from other places are not yet available but a dashboard is being developed by Black Country ICB
Implied productivity metric	The methodology for calculating the implied productivity metric has changed recently to make it more sensitive to changes in case mix and the range of services covered. The calculation is done by NHSE using monthly financial returns submitted by the trust and activity data covering services such as A&E, outpatients and admissions. The first metric shows the difference between now and 2019/20 (prior to COVID) and the second metric compares now with the previous year. This metric compares performance over time and indicates whether we are getting more or less productive. A positive value indicates productivity better than the base period, converse for a negative value
Planned care leaving our system	Metric defined as the percentage of elective activity for the population covered by the 6 Dudley PCNs taking place at the trust for simple cataracts and primary hip and knee replacements. Designed to replicate metrics being used by the GIRFT High Volume Low Complexity programme for elective recovery. Reporting of this metric was made possible by The Black Country ICB. The aim is that these percentages increase as the trust becomes the provider of choice as waiting times reduce
Reduce unnecessary beddays	This has been interpreted as difference between discharge ready date and actual discharge date. For the time being this metric has been calculated locally but it will form part of the metric set for the NHS Oversight Framework 25/26 and will be published nationally. It is intended to use this which will provide a comparative position
Increase our contribution to the local community	<p>This is made up of three elements:</p> <ul style="list-style-type: none"> <li>- Proportion of staff living locally. This is the same metric that was used to monitor the previous strategy and remains unchanged</li> <li>- Proportion of procurement spend in the local economy (defined as Birmingham and the Black Country). This will be updated quarterly. Benchmarking comparisons are not yet available</li> <li>- Air quality. An air quality monitor has been installed outside Russells Hall Hospital and has been continuously monitoring air quality since October 2024. Quarterly reports will be produced by the Combined Authority and the output from these included in future quarterly reports. Further details will be included in the reports on progress against the Green Plan</li> </ul>

# Productivity dashboard

Metric	DGFT performance	Time period	Data source	Number of patients	Comment
Cost per weighted activity unit (WAU)					
Cost per weighted activity unit (WAU)	£3,688	2023/24	Model Hosp		Metrics for 23/24 published
Medical staff cost per WAU	£825	2023/24	Model Hosp		Metrics for 23/24 published
Nursing staff cost per WAU	£1,019	2023/24	Model Hosp		Metrics for 23/24 published
(New) Implied productivity					
New implied productivity growth (year to date compared to last year)	6.0%	Feb-25	Model Hosp		A new metric which refines the methodology taking better account of casemix changes Latest data shows trust in the highest quartile
New implied productivity growth (year to date compared to 2019/20)	-5.7%	Feb-25	Model Hosp		A new metric Latest data shows trust in the 3rd quartile nationally. Majority of providers showing a negative variance and all other providers in the system show a variation more negative than DGFT
Theatres					
Theatre utilisation (capped elective)	86.2%	15/06/2025	Model Hosp		Consistently been above national and peer averages over recent months
Ophthalmology average number of cases per 4 hour list	3.6	15/06/2025	Model Hosp		Performance is highly variable
Minimal access rate for patients (less than 50 years) receiving hysterectomy for benign condition (12mths to qtr end)	44.9%	Q4 2024/25	Model Hosp	66	Slight improvement from previous quarter but remains below the benchmark of 77.7%
Length of stay					
Length of stay for primary hip replacement (12 mths to quarter end)	2.2	Q4 2024/25	Model Hosp	319	Below benchmark of 2.7 days
Length of stay for primary knee replacement (12 mths to quarter end)	2.2	Q4 2024/25	Model Hosp	409	Better than the benchmark (2.7)
Length of stay for fractured neck of femur (12 mths to quarter end)	16.7	Q4 2024/25	Model Hosp	498	After a period of continuous improvement, this metric is now below the national (17.7) and peer median (18.6)
Day case rates					
BADS All: Day case and outpatient % of total procedures (3mths to month end)	88.3%	Mar-25	Model Hosp	6072	Performance in top quartile nationally
Day case rate for adult tonsillectomy (12 mths to quarter end)	95.2%	Q4 2024/25	Model Hosp	59	Improved performance has been sustained in last quarter and exceeds the benchmark of 90%
Day case rate for TURBT (12 mths to quarter end)	17.2%	Q3 2024/25	Model Hosp	28	Performance remains well below the benchmark of 44%
Day case rate for elective cholecystectomy (12 mths to quarter end)	75.8%	Q4 2024/25	Model Hosp	401	Better than national average and the benchmark of 71.4%
Outpatient transformation					
PIFU utilisation rate	3.4%	May-25	Model Hosp	1877	Slightly below the national average 3.7%. Trend still demonstrates improvement
Remote consultation rate	14.1%	May-25	Model Hosp	7775	This metric puts us in the lowest quartile nationally
DNA rate	6.0%	Apr-25	Model Hosp	3640	Better than national (6.5%) and peer (6.7%) averages

**Paper for submission to the Full Council of Governors on 18<sup>th</sup> September 2025**

<b>Report title:</b>	University Hospital name change and Trust Constitution Review 2025
<b>Sponsoring executive / Presenter:</b>	Helen Board, board secretary
<b>Report author:</b>	Liz Abbiss, associate director of communications Helen Board, board secretary

**1. Summary of key issues**

**Assure**

The Trust Board recommends the new name change follows relevant guidance on NHS Branding and naming conventions and is suitable for adoption.

**Advise**

Engagement activity has been undertaken throughout the process to gather views of staff, stakeholders, patients and the public on the new suggested name incorporating our university hospital status. The proposal is as follows:

1. **Organisational name:**

From: *The Dudley Group NHS Foundation Trust*

To: ***Dudley Group University NHS Foundation Trust***

2. **Site name:**

From: *Russells Hall Hospital*

To: ***Russells Hall University Hospital***

The Trust's Constitution has been reviewed with proposed amendments made to reflect the above along with other small updates related to the Trust Seal, general formatting and grammar corrections that is summarised on the table given in appendix 1

**Alert**

As a foundation trust, the Trust must follow the NHS brand guidelines but is able to decide the new name as recommended in this paper. It must be agreed, as a constitutional change and approved by more than half of the voting members of the Council of Governors of the Trust and more than half of the members of the eligible voting Board of Directors.

**2. Alignment to our Vision**

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

**3. Report journey**

Executive directors  
Board of Directors  
Council of Governors

#### 4. Recommendations

The Council of Governors is asked to:

- a) **Approve** the change to the organisational name and site name as proposed in this report.
- b) **Approve** the proposed changes to the Trust's Constitution as given in appendix 1 of this report

#### 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	X	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	X	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	X	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	X	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	X	Failure to take sustained action on infrastructures that enables strategic objectives



## Update on University Hospital Status and Proposed Name Changes

The Trust has recently been granted **University Hospital status** in recognition of our commitment to education, training, research, and clinical excellence. Aston University supports the university hospital status, and this partnership aims to drive innovation in clinical education, research, and patient care by combining academic expertise and clinical practice and sharing knowledge.

The naming of NHS organisations, services and partnerships is a crucial part of the NHS Identity. It is important that names are clear, logical and understandable so that patients and the public can identify and locate the different organisations, services and partnerships which make up the NHS. There are NHS identity guidelines which must be followed and a process which includes stakeholder engagement in the new name. The full guidance can be found here

[NHS Identity Guidelines | Naming principles](#)

The following legislation relates to the naming of NHS Foundation Trusts:

Schedule 7 of the National Health Service Act 2006 says 'if the corporation is an NHS Foundation Trust, its name must include the words 'NHS Foundation Trust'. [View Schedule 7 legislation](#).

In summary the name must adhere to the following principles:

- be clear, logical and descriptive
- be written out in full, without the use of acronyms, abbreviations or symbols such as '&' – except St for 'Saint' and NHS for 'National Health Service'
- include the letters 'NHS' within the written version of the name
- contain a geographic reference, unless it is a national NHS organisation, service or partnership (e.g. NHS Blood and Transplant)
- if it is an NHS partnership, the name should end with, or contain a term that shows that this is a partnership and not an organisation (e.g. Partnership, Alliance, Collaborative)
- if it is an NHS service, start with a geographic reference, then a descriptor for the service (e.g. Mental Health) and typically end with the word 'Service', unless it is a national service (e.g. NHS 111)
- the position of the word 'University' in an NHS organisation's name should be carefully considered. 'University' should be placed at the start of the name or within it. When it is placed at the end of the name, the prominence of the word could give the impression of the title of a university rather than an NHS Foundation Trust or NHS Trust.

Following feedback from the Trust's governors and staff members, and in line with NHS naming principles, we are proposing to update both our organisational name and one of our site names to reflect this change:

3. **Organisational name:**

From: *The Dudley Group NHS Foundation Trust*

To: ***Dudley Group University NHS Foundation Trust***

4. **Site name:**

From: *Russells Hall Hospital*

To: ***Russells Hall University Hospital***

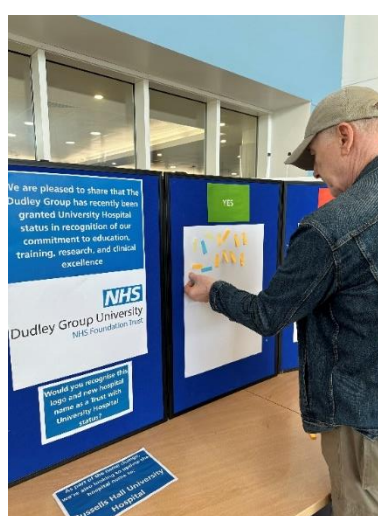
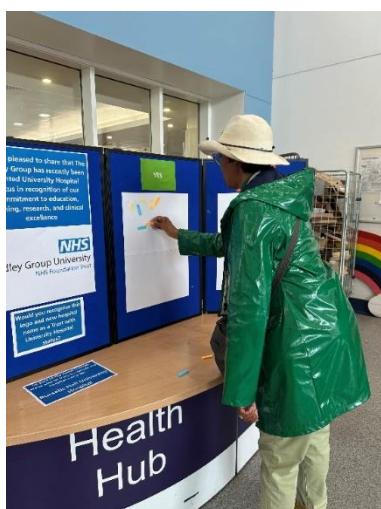
Our aim is to ensure the new names clearly convey our new university hospital status, while remaining easily recognisable to patients, staff, and partners.

During June – August 2025 we have undertaken the following stakeholder engagement to ensure people feel involved in this important decision and have the opportunity to share any options or views.

- **Staff engagement:** We started with asking staff for opinions on four possible name versions via In the Know and the Hub with a dedicated Microsoft Form poll. In addition, one-to-one discussions have been held to capture further ideas and feedback. Staff came back with the idea to include the university status in the Russells Hall site name as well as the Trust name.



- **Collaboration:** Worked closely with Dr Gail Parsons, Julian Hobbs, and Aston University to announce the achievement of University Hospital Status. The press release we issued highlighted the strengthened partnership with Aston University and the positive impact this will have for patients through enhanced research, education, and innovation in healthcare.
- **Executive input:** Worked with executive colleagues to agree on the proposed names – *Dudley Group University NHS Foundation Trust* and *Russells Hall University Hospital*.
- **Regulatory assurance:** Liaised with the Midlands NHS England team to confirm there are no conflicts with other Trusts or services.
- **Stakeholder consultation:** Engaged local stakeholders to ensure the proposed names will not conflict with, or be confused with, existing or planned services in neighbouring NHS organisations. This consultation remains open until 29<sup>th</sup> August.
- **Public and staff feedback on branding:** A mocked-up version of the new logo was displayed in the main reception at Russells Hall Hospital. Members of the public were encouraged to share their views, with results showing 29 in favour and 4 against identifying the logo with University Hospital Status. Staff were also invited to provide feedback.



- **Implementation planning:** Initial costings are being gathered for updating signage across the hospital, outpatient centres, and community settings.
- **Next steps:**
  - Broaden public engagement via social media, sharing photos and outcomes from recent consultation activities and explaining the rationale for the name change.
  - Secure approval for the name change in September 2025 from the Council of Governors and the board of directors and then launch at the annual Members meeting on the 16<sup>th</sup> October 2025.
  - Notify stakeholders and commence external communications, including media engagement and staff education on the use of the new names.
  - Begin phased replacement of signage and updates to internal documents.



**Trust Constitution Review September 2025**

Item	Location	Existing Text	Proposed text
General review of spelling, grammar and format	As needed	As needed	As needed – e.g. to reflect gender neutral text, punctuation and numbering
Change of Trust name	As needed	The Dudley Group NHS Foundation Trust (the Trust)	The name of the foundation trust has been changed from The Dudley Group NHS Foundation Trust (the Trust) to Dudley Group University NHS Foundation Trust (the Trust).
Annex 8 – Standing Orders – The Board of Directors	Item 12 - Custody of Seal and Sealing of Documents 12.4 – Register of sealing	A reporting of all sealing shall be made to the Trust at least quarterly	The review for reporting the sealing has been changed to annually and the text has been updated to reflect the change. A reporting of all sealing shall be made to the Trust at least annually.
Change of site name	As needed	Russells Hall Hospital	The name of Russells Hall Hospital has been changed to Russells Hall University Hospital

**Paper for submission to the Full Council of Governors on 18<sup>th</sup> September 2025**

<b>Report title:</b>	Dermatology Services Update
<b>Sponsoring executive:</b>	Karen Kelly, Chief Operating Officer
<b>Report author / Presenter:</b>	Kate Keeling, Directorate Manager Ambulatory Dr Indre Verpetinske, Clinical Lead

### 1. Summary of key issues

Following the Council of Governors meeting on 20<sup>th</sup> March 2025, the service was asked to respond to reflections following a walkaround at Corbett Outpatient Centre.

A presentation will be provided at the Council of Governors meeting to address these points. The presentation will:

- Provide assurance regarding the range of dermatology services offered at Dudley and highlight key successes.
- Advise on current services, potential opportunities and also remaining challenges.
- Identify key challenges, including waiting list, lack of services outside the Dudley area, clinic/office space, constraints of income opportunities with the NHS activity cap and ongoing challenges in delivering demand and meeting constitutional standards.

Note: This closes action **COG25/16 – Reflections on the meeting** from 20<sup>th</sup> March 2025.

### 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>x</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>x</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>x</b>

### 3. Report journey

Full Council of Governors Meeting – 18 September 2025

### 4. Recommendations

The Council of Governors is asked to

- a) Note the presentation, successes and challenges

### 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	X	Failure to deliver the right care, in the right place every time
BAF Risk 2.0		Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	X	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	X	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0		Failure to take sustained action on infrastructures that enables strategic objectives
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		



**Paper for submission to the Full Council of Governors on 18 September 2025**

<b>Report title:</b>	Board Secretary update
<b>Sponsoring executive / Presenter:</b>	Helen Board, Board Secretary
<b>Report author:</b>	Helen Board, Board Secretary

## 1. Summary of key issues

### Council of Governors elections & current vacancies

#### Public and Staff constituencies

Council of Governor elections overseen by an independent contractor Civica Election Services will commence with a call for nominations issued on 25<sup>th</sup> September for vacancies in the following Constituencies:

- Public – North Dudley
- Public – Central Dudley
- Staff – Allied Health Professionals, Pharmacy and Health Care Scientists

The closing date for the election process is Tuesday 9<sup>th</sup> December 2025.

### Council of Governors effectiveness review 2024/25

In line with best practice, the Trust undertakes this review which includes a survey of all Council members to ensure that we continue to strengthen and develop the operation and effectiveness of the Council of Governors.

The survey was issued in July 2025 to the 21 Council of Governor members in post at the time. There were six responses received by the closing date and was deemed a non-viable sample. The matter was discussed at the Experience and Engagement Group meeting on 2<sup>nd</sup> September where it was agreed to re-issue the survey.

All governors are encouraged to participate and respond to the survey link when re-circulated.

### University Hospital Status

The Trust has recently been awarded University Hospital status, in recognition of its commitment to education, training, research, and clinical excellence. This work is supported by the Trust's partnership with Aston University, which is intended to strengthen collaboration in clinical education, research, and patient care through the integration of academic expertise and clinical practice.

In order to reflect this new status, the Trust has considered a potential name change. The naming of NHS organisations, services and partnerships is a crucial part of the NHS Identity. It is important that names are clear, logical and understandable so that patients and the public can identify and locate the different organisations, services and partnerships which make up the NHS. The process for adopting a new name includes compliance with the NHS identity guidelines and engagement with key stakeholders.

Further information on the proposed approach is provided in Enclosure Seven of the meeting pack.

## 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	<b>X</b>
<b>People:</b> Be a brilliant place to work and thrive	<b>X</b>
<b>Place:</b> Build innovative partnerships to improve the health of our communities	<b>X</b>

### 3. Report journey

Full Council of Governors Meeting – 18 September 2025

### 4. Recommendations

The Council of Governors is asked to

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

### 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	X	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	X	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0	X	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	X	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0	X	Failure to take sustained action on infrastructures that enables strategic objectives



**Paper for submission to the Full Council of Governors on 18 September 2025**

<b>Report title:</b>	Update from the Experience & Engagement Committee Meeting held on 02 September 2025
<b>Sponsoring executive / Presenter:</b>	Helen Board – Board Secretary
<b>Report author:</b>	Mushtaq Hussain – Chair of Experience and Engagement Committee Madhuri Mascarenhas – Governance Administration Lead

## 1. Summary of key issues

This paper outlines the key points of assurance, escalation, decisions made, work commissioned as a result of discussions and updates received at the Experience and Engagement Committee meeting held in September 2025.

- **Quality & Safety Delivery Plan:** This was the first Quality and Safety Delivery Plan Progress report. Progress was broadly on track with no major concerns identified. Work was ongoing to strengthen reporting methods and address resource needs.
- **Membership & Engagement:** The Trust remained compliant with license requirements. The current membership was 13,258 public members. Those present were happy to support a phased “membership cleanse” planned to ensure GDPR compliance and improved engagement. It was noted that both membership engagement and newsletter ‘open’ rates had been declining, which highlighted the need for a refreshed approach to develop an engaged membership.
- **Council of Governors Effectiveness Review Survey:** The response rate was very low (6 of 21 governors). The data collected was insufficient to provide a representative view of the Council of Governors’ effectiveness. A decision was made to rerun the survey.
- **Governor Training & Development:** Training plan for 2026 discussed. Governors agreed for the training to be delivered in a hybrid format and encouraged peer-to-peer learning.

## 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	
<b>People:</b> Be a brilliant place to work and thrive	X
<b>Place:</b> Build innovative partnerships to improve the health of our communities	X

## 3. Report journey

Full Council of Governors Meeting – 18 September 2025

## 4. Recommendations

The Council of Governors is asked to

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

## 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0		Failure to deliver the right care, in the right place every time
BAF Risk 2.0		Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0	X	Failure to build innovative partnerships to improve the health of our communities
BAF Risk 4.0		Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0		Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0		Failure to take sustained action on infrastructures that enables strategic objectives



## CHAIRS LOG UPWARD ASSURANCE REPORT FROM THE EXPERIENCE & ENGAGEMENT COMMITTEE MEETING

Date Committee last met: 02 September 2025

<p><b>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</b></p> <ul style="list-style-type: none"> <li>• The recent Council of Governors Effectiveness Review Survey 2024/25 received a low response rate from the governors. This response rate raised concerns about the survey's effectiveness and the usefulness of the data for generating meaningful insights.</li> <li>• Falling levels of active membership engagement and digital contactability among members were highlighted.</li> <li>• A phased membership cleanse would be carried out commencing with the upcoming elections in September 2025. While this cleanse may cause public membership numbers to fall below the target of 13,000 public members, it's not expected to drop below the minimum required by the constitution.</li> <li>• The Quality Committee report flagged issues with sepsis compliance, venous thromboembolism (VTE), infection spikes (E. coli), and delayed observations uploading.</li> </ul>	<p><b>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</b></p> <ul style="list-style-type: none"> <li>• Implement a membership cleanse with the current election cycles, ensuring GDPR compliance and focus on active engagement.</li> </ul>
<p><b>POSITIVE ASSURANCES TO PROVIDE</b></p> <ul style="list-style-type: none"> <li>• The Trust would carry out a membership cleanse process, which would support it with: <ul style="list-style-type: none"> <li>○ GDPR compliance in maintaining accurate records.</li> <li>○ Cost efficiency in reducing unnecessary postal communications during governor elections.</li> <li>○ Improved focus on active and engaged members.</li> </ul> </li> <li>• Assurance was provided on the Trust's commitment to partnership working to improve health inequalities by organising community events such as the Armed Forces event, which governors were invited to attend.</li> <li>• The quarter one report for the Quality and Safety Delivery Plan showed that there was no evidence of risks to year-end objectives. A plan was in place to develop a simpler, more visual dashboard for clearer tracking.</li> <li>• Good assurance received from the Quality Committee on patient safety and staff well-being. Governors advised that vacancies in</li> </ul>	<p><b>DECISIONS MADE</b></p> <ul style="list-style-type: none"> <li>• Agreement to rerun the Council of Governors Effectiveness Review to encourage broader participation and better actions to support governors in their roles.</li> <li>• Membership of the Council of Governors sub-committees was reviewed following the governor elections in June 2025, with existing and new members confirming their interests. The new membership list was endorsed by the committee members.</li> <li>• The committee endorsed Arinderpal Sikham to be the new governor representative on the Equality, Diversity &amp; Inclusion Steering Group meetings.</li> <li>• The governor's training plan for 2026 was approved with an approach to hybrid and shared learning model.</li> </ul>

<p>midwifery were addressed with new recruits starting in September/October 2025.</p> <ul style="list-style-type: none"> <li>• The Trust had achieved University Hospital Trust status, which showed strong progress in research, education, and innovation.</li> </ul>	
<p><b>Chair's comments on the effectiveness of the meeting</b>  Meeting held in a hybrid format to ensure attendance from governors and other staff members. A good discussion was carried out at the meeting.</p>	