

Paper for submission to the Board of Directors on 11 September 2025

Report title:	Public Chief Executive Report
Sponsoring executive / Presenter:	Diane Wake, Group Chief Executive
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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

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

3. Report journey

Board of Directors

4. Recommendations

The Board is asked to

- Note and discuss the contents of the report
- 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 7th 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 6th 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>)
2.01	3	36

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^t 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 31st 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:**

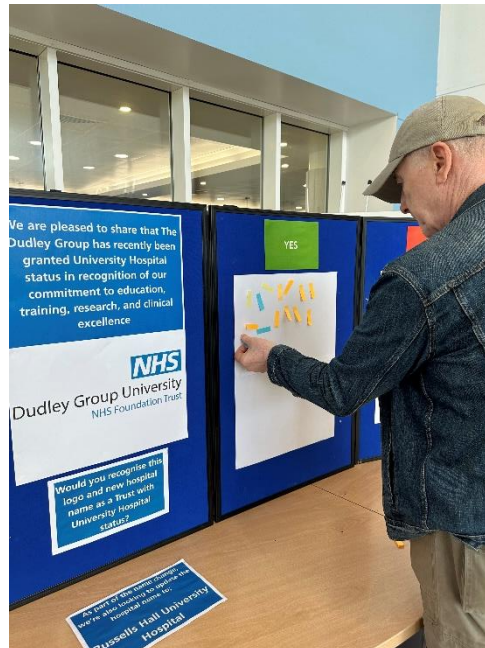
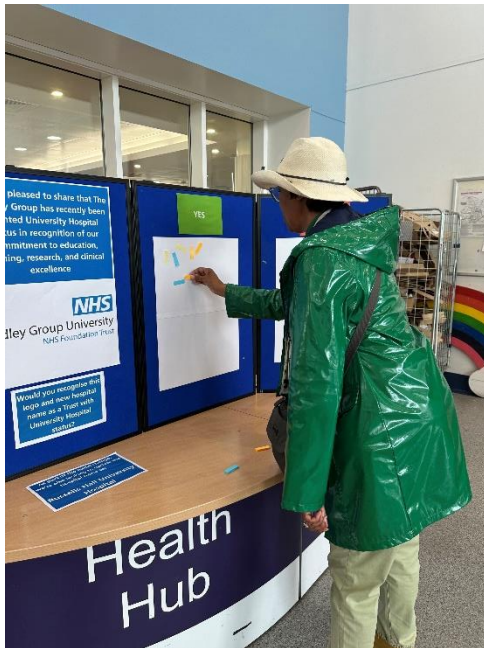
From: *Russells Hall Hospital*

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 11th September, Council of Governors at the meeting 18th September 2025 and then onwards to the Annual Members Meeting for constitutional change approval on the 16th 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

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 25th 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.

Aati's Birthday Appeal

This year, our beloved mascot Aati turns ONE on the 30th 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

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 Tier 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