

UNCONFIRMED Minutes of the Full Council of Governors meeting

Thursday 18th December 2025, 16:15 hrs

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

Governors		19.06.2025	18.09.2025	18.12.2025
Mr Julius Adams	Public: Halesowen	√	√	√
Mr Lewis Callary	Public: Rest of England	√	√	A
Ms Jill Faulkner	Staff: Non-clinical	√	A	A
Dr Syed Gilani	Staff: AHP, Pharmacy & Health Care Scientists	NR	NR	√
Mr Alex Giles	Public: Stourbridge	√	√	√
Mrs Sandra Harris	Public: Central Dudley	√	√	√
Ms Natalia Hill	Appointed: University of Wolverhampton, Inst. Of Health	A	√	A
Mrs Vicky Homer	Public: South Staffs & Wyre Forest	A	A	A
Mr Mushtaq Hussain	Public: Central Dudley	√ Left at 16:30	√	√
Ms Clare Inglis	Staff: AHP, Pharmacy & Health Care Scientists	√	√	A
Mr Yunzheng Jiao	Staff: AHP, Pharmacy & Health Care Scientists	A	A	A
Mr Anand Letha	Staff: Nursing & Midwifery	A	NA	NA
Mrs Maria Lodge-Smith	Public: Stourbridge	NA	A	√
Mrs Lyndsay Millington	Staff: Nursing & Midwifery	√	A	√
Mrs Elizabeth Naylor	Public: North Dudley	A	A	A
Mrs Khadeejat Ogunwolu	Staff: Nursing & Midwifery	A	√	A
Ms Angelika Pachowicz	Public: Brierley Hill	√	√	A
Dr Rinesh Parmar	Staff: Medical & Dental	A	A	√
Mr Has Mukh Patel	Public: North Dudley	NR	NR	√
Mr Arinderpal Sikham	Public: Tipton & Rowley Regis	√	√	A
Clr Alan Taylor	Appointed: Dudley MBC	A	√	√ Left at 17:20
Mr Phil Tonks	Public Brierley Hill	√	√	√
Mrs Mary Turner	Appointed: Dudley CVS & Trust volunteers	√	A	√
Ms Joanne Williams	Public: Halesowen	NA	NA	NA
Mr Jonathan Woolley	Staff: Partner Organisations	√	√	√

Attendees – DG NHS FT		19.06.2025	18.09.2025	18.12.2025
Ms Rachel Andrew	Head of People -Organisational Development & Learning – <i>(presenter – item 4 on the agenda)</i>	NR	NR	√
Ms Rachel Barlow	Group Chief Development Officer	√	√	A
Mrs Helen Board	Board Secretary	√	√	√
Mrs Laura Broster	Group Director of Communications and Engagement	√	A	√
Mr Ian Chadwell	Deputy Director of Strategy	√	NR	√
Professor Gary Crowe	Deputy Chair – Chair of meeting	√	√	√
Mr Peter Featherstone	Non-executive Director	A	√	√
Dr James Fleet	Group Chief People Officer	√	A	√
Mrs Joanne Hanley	Non-executive Director	A	A	A
Ms Ninette Harris	Sustainability Lead – <i>(presenter – item 11 on the agenda)</i>			√
Ms Catherine Holland	Non-executive Director	√	A	√
Dr Paul Hudson	Deputy Medical Director	NR	NR	√

Professor Liz Hughes	Non-executive Director	√	√	√
Mrs Karen Kelly	Chief Operating Officer/Deputy Chief Executive	A	A	√
Mr Mick Laverty	Associate Non-executive Director	A	√	√
Mrs Madhuri Mascarenhas	Governance Administration Lead (minutes)	√	√	√
Dr Mohit Mandiratta	Non-executive Director	A	A	A
Mrs Martina Morris	Chief Nurse	A	A	√
Mrs Anne-Maria Newham	Non-executive Director	A	A	A
Sir David Nicholson	Trust Chair	A	√	A
Jonathan Odum	Interim Medical Director	NR	√	
Ms Rachel Pearce	Organisational Development Business Partner – <i>(presenter – item 4 on the agenda)</i>	NR	NR	√
Mr Vij Randeniya	Non-executive Director	A	A	A
Ms Kat Rose	Interim Group Chief Partnership Officer	√	√	√
Mr Adam Thomas	Group Chief Strategy and Digital Officer	√	√	√ Left at 17:58
Ms Diane Wake	Group Chief Executive Officer	√	A	√ Left at 17:58
Mr Chris Walker	Director of Finance	A	√	√
Mrs Jo Wakeman	Deputy Chief Nurse	√	√	NR
Mr Lowell Williams	Non-executive Director	A	A	A

Key: √ – Present

A – Apologies received

NA – Non-attendance

NR – Not Required

COG 25/54.0 16.15	Welcome
COG 25/54.1	<p>Introductions & Welcome</p> <p>The Chair welcomed attendees and thanked everyone for attending at a busy time close to the Christmas period, recognising both personal commitments and ongoing operational pressures within the hospital.</p> <p>Attendees were advised that some executive colleagues may need to leave and rejoin the meeting due to operational demands. It was noted that Item 10, the Integrated Quality and Operational Performance Report, would be taken earlier in the agenda to allow presenting executives to return to operational duties.</p> <p>The Chair welcomed Rachel Andrew and Rachel Pearce from the Organisational Development and Learning Team, who presented the first agenda item on the ICAN programme.</p> <p>The Chair noted that the recent elections closed on Tuesday, 9 December, and welcomed Hashmukh Patel as the newly elected Governor for Dudley North. The Chair also welcomed Mushtaq Hussain, Public Governor for Central Dudley, and Syed Gilani, Staff Governor for Allied Health Professionals, Pharmacy and Healthcare Scientists, both re-elected for a second term.</p> <p>Thanks were recorded to Clare Inglis, former Staff Governor for Allied Health Professionals, Pharmacy and Healthcare Scientists, whose term of office had concluded. On her behalf, the Chair conveyed her appreciation to the Chair, Sir David Nicholson, and Council members, noting that she found her term insightful, meaningful, and productive.</p> <p>It was also noted that Lizzy Naylor had stepped down from her role as Governor for personal reasons. The Council recorded its thanks and best wishes to both departing Governors.</p>

	<p>P Hudson, Consultant Anaesthetist, introduced himself to the Council. He confirmed he has worked at the Trust since 2009 and served as Deputy Medical Director for six years. He advised that he has been appointed as the new Medical Director and was expected to formally take up the role from 1 January 2026, subject to completion of the necessary documentation. The Chair noted that P Hudson would assume the role previously held by Dr Julian Hobbs and would attend the Council of Governors meetings regularly going forward.</p>
COG 25/54.2	<p>Apologies Apologies had been received, as noted above.</p>
COG 25/55.0	<p>Council Meeting</p>
COG 25/55.1	<p>Declarations of interest</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>It was noted that agenda items relating to Non-executive Director appointments would be discussed later in the meeting and that relevant colleagues were present. The Chair proposed that those colleagues remain in the room during the discussion unless the Council requested otherwise. No objections were raised.</p> <p>There were no declarations made.</p>
COG 25/55.2	<p>Quoracy The meeting was declared quorate.</p>
COG 25/55.3	<p>Announcements There were none.</p>
COG 25/56.0	<p>Previous meeting</p>
COG 25/56.1	<p>Previous Full Council of Governors meetings held on 18th September 2025 (Enclosure 1)</p> <p>The minutes from the previous meeting held on 18th September 2025 were approved as an accurate record of the meeting.</p>
COG 25/56.2	<p>Matters arising</p> <p>None noted.</p>
COG 25/56.3	<p>Update on actions</p> <p>COG 25/22 – Chief Executive’s update</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ A presentation would be scheduled at the Council of Governors meeting in March 2026. This action is still open. <p>COG 25/39.1 – Previous Full Council of Governors meeting held on 19th June 2025</p> <ul style="list-style-type: none"> • Update the attendance log for 19 June 2025 meeting to reflect Rebecca Edward’s correct job title as Directorate Manager. <ul style="list-style-type: none"> ○ Final minutes updated to reflect the correct job title. This action was now completed.

COG25/40 – Service Spotlight – Winter Planning 2025/26

- An update to be provided at a future Full Council of Governors meeting on the work undertaken by the Care Navigation Centre.
 - An update on the Care Navigation Centre would be scheduled for a future Council of Governors meeting. Update pending. This action is still open.

The Chair advised that any additional items raised by attendees for future consideration would be noted during the meeting. These items would be brought back at the end of the meeting unless they required earlier discussion.

The Chair also confirmed that future agendas would be planned in advance and would include items for information as well as areas where members had requested further detail, assurance, or discussion.

COG 25/57

Service Spotlight – ICan – programme to support local employment (Presentation)

R Andrew, Head of Organisational Development, Learning and Culture, and R Pearce, Workforce Development Business Partner, presented an update on the ICAN programme and its outcomes.

ICAN was established in 2023 following engagement with Dudley Metropolitan Borough Council (Dudley MBC), supported by Commonwealth Games legacy funding, to improve access to employment through a place-based approach, particularly for local residents and those facing barriers to work. The programme aimed to support individuals into sustainable employment while embedding more inclusive recruitment practices within the Trust.

The two-year programme consisted of four core workstreams:

- Council-led pre-employment programmes with guaranteed interviews
- Six-month paid work experience placements
- A Clinical Support Worker and Care Worker novice programme
- A joint learning and evaluation workstream

Reported outcomes included:

- 100 participants engaged in work programmes
- 30 participants completed paid work placements
- 70 participants secured employment with the Trust or Dudley MBC
- The programme cost £233,000, and generated an estimated £5.5 million economic value

Retention rates were reported as high, particularly within the Clinical Support Worker novice programme.

Positive outcomes were noted for participants from under-represented and disadvantaged groups, including care-experienced individuals, people with disabilities, and those with no prior work history. Benefits included improved confidence, skills, employability, and sense of belonging.

Organisational learning included improvements to recruitment processes, greater flexibility in job design and hours, increased use of job trials, and enhanced support for individuals with additional needs. Line managers reported positive impacts from the diversity of perspectives within teams.

The strength of partnership working with Dudley MBC and other local partners was highlighted, alongside external recognition of the programme, including a WMCA award and nomination for the Trust's Committed to Excellence Award.

A video was shown to illustrate programme impact.

It was noted that additional funding had been secured to continue the programme into

year two, with delivery adapted in response to reduced vacancies. Current activity included:

- Youth Trailblazer programme for 18 to 21-year-olds not in employment, education or training
- Expanded paid work placements with external partners
- Delivery of the Connect to Work programme for young people up to age 29 with significant barriers
- Continued Into Employment programmes, including new partnerships with schools and academy trusts

M Lavery queried the level of ongoing support provided to participants, particularly younger individuals, noting that sustaining employment could be more challenging than initial recruitment.

R Pearce confirmed that ongoing pastoral support was a core element of the programme. She advised that transitioning into the workplace could be overwhelming, particularly in large environments such as a hospital, and that participants often required support beyond initial placement. The team had remained in contact with participants from previous cohorts, including during periods when formal funding had ended. An example was shared of a Clinical Support Worker novice who required extended confidence-building support before securing a substantive role.

The Chair thanked R Andrew and R Pearce for their presentation and commended the inclusive, flexible approach and strong place-based collaboration. He noted the positive impact of the programme on both participants and organisational practice and supported wider sharing of the participant video.

In response to a question from M Hussain, R Pearce confirmed that Jobcentre Plus was a key referral partner, alongside other agencies including care leaver services, health services, and probation. R Andrew added that Jobcentre Plus had been actively involved in partnership activity and programme review.

L Broster commended the programme, noting its alignment with the Trust's strategy and the role of employment as a key determinant of healthy life expectancy. She expressed support for further development of this work and suggested further discussion outside the meeting on operational considerations.

No further comments or questions were raised. The presentation was noted for information.

The agenda was taken out of sequence to allow executive colleagues presenting Item 10 to leave the meeting early due to operational commitments.

COG 25/58

Integrated Quality and Operational Performance Report (Enclosure 7)
K Kelly, M Morris and J Odum presented the Integrated Quality and Operational Performance report given as enclosure seven.

K Kelly reported that overall performance at The Dudley Group NHS Foundation Trust (DGFT) remained good. Emergency Department (ED) performance against constitutional standards had slightly declined from 78% to approximately 76%, due to seasonal increases in ambulance and walk-in attendances. Ambulance handover delays and patient flow remained a key focus, with actions in place to restore performance.

Cancer performance was reported as strong, with the Trust ranked first nationally for Faster Diagnosis Standard (FDS), supporting reduced waiting times for Dudley patients. Diagnostic performance had slightly declined but remained on track to meet the agreed standard by April 2026. Elective activity continued at full capacity, with no cancellations of cancer or urgent cases and theatres had remained operational despite industrial action. The Trust remained extremely busy, with continued focus on managing demand at the front door.

The Chair invited L Hughes, Chair of the Quality Committee, to provide additional assurance. L Hughes highlighted strong maternity performance, noting that all Maternity Incentive Scheme (MIS) submissions with full compliance had been externally validated. Improvements in Sepsis management and reductions in pressure ulcers were reported, and despite operational pressures, there had been no significant increase in patient falls.

In response to a question from R Parmar, K Kelly confirmed that no impact on Emergency Department performance had been identified following changes to extra contractual pay, and that increased attendances had been anticipated through winter planning.

In response to a question from M Hussain regarding national maternity investigations, L Hughes confirmed that the Trust was not among the organisations under investigation and provided assurance regarding strong leadership and responsiveness within maternity services. She cited the timely implementation of a recent national change to growth charts, with all affected patients identified, contacted and reviewed in a timely manner.

M Morris reinforced the strength of leadership and safety culture within maternity and neonatal services, noting well-embedded quality improvement, proactive risk identification, and consistent use of safety assurance processes.

The Chair noted the Trust's proactive approach to maintaining high standards, particularly in maternity services, and confirmed that national concerns had been appropriately considered at Board level.

No further comments or questions were raised. The report was noted for assurance.

The agenda was resumed in sequence.

COG 25/59

Chief Executive's update (Enclosure 2)

D Wake presented the Chief Executive's update, given as enclosure two.

She reinforced assurances regarding the strength of maternity services, confirming that leadership was strong and proactive, and that the Director of Midwifery, Claire MacDiarmid, was supporting Sandwell and West Birmingham Hospitals NHS Trust (SWBH) through a shared improvement team as part of the Baroness Amos review. An interim report had been published, and both trusts had completed sense checks, including engagement with families. Maternity leadership continued to deliver a high standard of care.

D Wake highlighted ongoing pressures in urgent and emergency care, particularly ambulance handovers and a 45% increase in walk-in attendances at Russells Hall Hospital following the opening of the Midland Metropolitan University Hospital. Newton Healthcare had been engaged to with a project title Learn, Adapt, Transform to support improvement work on emergency flow, admission avoidance, discharge processes, and bed occupancy. A new Board-level improvement approach had been introduced, with selected wards participating in structured programmes, with early improvements expected from February – March 2026.

Elective performance was reported as exemplary, with the Trust on track to eliminate all 52-week waits by the end of March 2026. She highlighted the need for capacity and workforce reviews within specialty services to support seven-day working and timely clinical decision-making. This included reviewing job plans, reducing reliance on excessive additional sessions, and assessing the need for further recruitment in some specialties.

She noted the developments within the integrated care system, including the clustering of the Black Country ICB with Birmingham and Solihull. Leadership arrangements had been

	<p>confirmed, and work continued across the Black Country Provider Collaborative on corporate services transformation, clinical improvement, and transformation.</p> <p>An update was provided on resident doctors' industrial action, which had commenced on 17 December 2025. Approximately 45–50% of resident doctors participated, compared with around 70% at SWBH. Multidisciplinary teams ensured continued safe care and high activity levels. The Chair formally recorded thanks to all staff for their efforts during this period, noting the operational challenge posed by the absence of approximately 140 resident doctors.</p> <p>D Wake highlighted positive achievements, including the opening of the Gynae Garden, staff awards, Healthcare Heroes recognition, and external accreditations such as the Gold Standards Framework.</p> <p>A Giles drew attention to the NHS England maternity visit, which commended the service, and to the wards attaining and maintaining Gold Standards Framework accreditation. Thanks to staff were formally recorded.</p> <p>D Wake confirmed that NHS England had been highly complimentary following its recent maternity visit and had asked the Trust to showcase its improvement journey at a national level.</p> <p>No further comments or questions were raised. The report was noted for information.</p>
COG 25/60	Chair's Update
COG 25/60.1	<p>Chair's Update - Board of Directors Meeting – September and November 2025 (Enclosure 3)</p> <p>The Chair provided an update from the Board of Directors meetings held in September and November 2025.</p> <p>The quadrant report provided assurance on operational performance, though emerging concerns regarding the Trust's financial trajectory and forward-looking outlook were noted.</p> <p>The Chair advised that a detailed forecasting exercise to assess service delivery within the proposed financial envelopes, including operational, workforce, and logistical implications, would be considered further under a later agenda item. He noted that the environment remained demanding and the Trust would need to explore transformational change, including pathway redesign and difficult decisions on service configuration across the Black Country, with oversight provided by relevant committees.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
	Cllr Alan Taylor left the meeting at 17:20
COG 25/60.2	<p>Non-executive committee chair feedback by exception (Verbal)</p> <p>The Chair invited M Lavery and C Holland to provide updates on the committees they chaired, noting these as key elements of the Trust's governance arrangements.</p> <p>Joint Infrastructure Committee M Lavery reported that the Joint Infrastructure Committee, the first joint committee between SWBH and DGFT, had held four meetings since May 2025. Early work focused on understanding activity across both trusts, identifying collaboration opportunities, and considering levelling-up initiatives. Supported by R Barlow and A Thomas, the committee was progressing work to bring teams together and manage organisational change, with both physical and digital infrastructure aligned to the clinical strategy as enablers for transformation.</p>

On estates, the 'Building a Better Future' programme had developed following the identification of Reinforced Autoclaved Aerated Concrete (RAAC) at Russells Hall Hospital. The programme aimed to review the wider estate, reconfigure services, and improve care delivery, with a joint estates strategy supporting system-wide shifts toward care closer to home. In digital infrastructure, DGFT was more advanced, with SWBH working to close the gap, which was viewed as another opportunity for transformational change. Funding approval had been secured for RAAC works and wider service reconfiguration. Overall, good momentum was developing, and the committee remained optimistic about supporting transformation across both trusts. The Chair noted that further details would be brought to future meetings.

Joint People Committee

C Holland reported that the first joint People Committee meeting had taken place in shadow form on 17 December 2025. Discussions had been collaborative, though logistical challenges remained, including staff travel between sites. Options such as rotating meeting locations and continued virtual meetings were being explored. Dedicated time for networking enabled discussion on workforce pressures, morale, and organisational stress, with good practice examples, including Dudley staff networks, shared across both trusts.

Key discussions included the workforce plan within financial constraints, development of the committee's work plan, scrutiny of transformational projects, and the importance of communication and staff engagement during change. Staff wellbeing was also discussed, noting that sickness absence levels reflected sustained pressure rather than seasonal trends. Overall, the initial meeting was reported as positive.

The Chair thanked both committee chairs for their updates.

M Hussain queried the reference to a financial position of £115m and asked for clarification on the technical adjustments mentioned.

C Walker explained that, as an NHS organisation, the Trust was required to account for certain items that NHS England did not hold the Trust responsible for in terms of its bottom-line financial performance. These items, typically non-cash in nature, were removed from the reported position and were referred to as technical adjustments.

No further comments or questions were raised. The update was noted for assurance.

COG 25/61

The Journey to Group Board (Enclosure 4)

The Chair provided an update on the Trust's journey towards a single group board with Sandwell (SWBH) and the associated proposals for appointing group non-executive directors, noting the two items were closely linked.

He reminded governors that there had been regular briefings provided to governors about the discussions on collaboration with SWBH that had begun approximately twelve months earlier, initially focusing on shared executive positions, including the appointments of D Wake and other group executive roles.

During the summer, Non-executive Directors were invited to express interest in the newly defined group roles. The process, which involved reducing the number of non-executives across both trusts, considered candidates' current commitments, skills, suitability for the emerging roles, and the need for a balanced mix of expertise, including diversity in gender, professional background, and ethical perspectives. The Deputy Chairs of both trusts had been closely involved in the process. In his role as lead governor, A Giles had been involved in the process and had provided oversight and challenge to the assessment of candidates to ensure fairness and appropriateness.

	<p>Consideration was also given to communication with NHS England, particularly as SWBH was not a Foundation Trust. NHS England had been engaged in confirming the appointments at SWBH.</p> <p>J Fleet confirmed that the process had been carefully managed to ensure robustness and adherence to governance standards. J Fleet added that when the process and its outcomes were presented to NHS England, it had been regarded as exemplary and would serve as a model for similar exercises in the future.</p> <p>The Chair noted that the Trust had offered to share the experience and lessons learned from this process with other trusts undertaking similar group formations.</p> <p>No further comments or questions were raised. The update was noted for information.</p>
<p>COG 25/62</p>	<p>Remuneration and Appointments Committee (Enclosure 5)</p> <p>The Chair provided the update from the Remuneration and Appointments Committee meeting that had been held on 25 November 2025, given as enclosure five, noting that the committee had completed its annual review of terms of reference and recommended to the full Council of Governors for approval without amendment.</p> <p>The Chair clarified that the Council of Governors would be asked to approve the proposed group non-executive director appointments and associated remuneration arrangements, reflecting the agreed structure across DGFT and SWBH, to take effect by 31 March 2026. L Hughes would remain in post until the end of March 2026, having made a significant contribution to the quality agenda, but would not assume a group position due to her substantive role at SWBH.</p> <p>The Chair outlined that all non-executive directors currently serving on the SWBH board would be appointed as Associate Non-executive Directors of DGFT. Consideration would be given to induction arrangements, familiarisation with Trust processes, and opportunities for the new non-executives to engage with governors and staff.</p> <p>A Giles expressed his appreciation to the Council of Governors for their engagement throughout the process, highlighting the importance of maintaining focus on delivering high-quality care for patients across Dudley and Sandwell. He noted that the process had aimed to achieve the right skill mix to support system integration and new ways of working, while emphasising that Dudley services must continue to be prioritised and enhanced. He acknowledged that change could be challenging but encouraged viewing it as an opportunity for improvement.</p> <p>M Hussain asked whether there would be representation on the board from individuals with direct community experience rather than from professionals or clinicians.</p> <p>The Chair responded that several appointees were local to Dudley and the surrounding areas, bringing first-hand knowledge of the community. Jatinder Sharma, for example, worked in education in Walsall and had lived and worked in the Black Country for many years. A Giles added that council members would have opportunities over the coming months to engage with the new executives and non-executives to ensure community perspectives were heard and considered.</p> <p>D Wake emphasised the value of governors in maintaining a connection to the local population, highlighting the importance of continued engagement with communities as the group arrangements progressed.</p> <p>The Chair formally thanked A Giles and J Fleet for their guidance and support throughout the process.</p> <p>The Council of Governors resolved to:</p>

- **Approve** the recommendation of the Remuneration and Appointments Committee that no changes are proposed to the Committee's Terms of Reference.
- **Approve** the recommendation of the Remuneration and Appointments Committee as supported by NHS England for the proposed appointments and remuneration arrangements as set out in the report.

No further comments or questions were raised. The update was noted for information.

COG 25/63

Trust Strategy & Annual Plan Progress Report – Q2 2025 - 26 (Enclosure 6)

A Thomas presented the Trust Strategy Q2 report (period ending September 2025) highlighting continued progress against in-year strategic objectives.

The launch of the Care Navigation Centre in early September was noted as a key development. It was reported that the Care Navigation Centre had begun to play a strong operational role within the Trust's winter plans, supporting patient navigation to the most appropriate setting and working with the ambulance service to reduce unnecessary hospital attendances.

An update was provided on the progress made with workforce support, including the embedding of anti-bullying and anti-discrimination policies, and the strengthening of middle management to alleviate internal pressures. These measures were identified as central to improving the working environment and workforce wellbeing.

A business case for an elective care hub at Sandwell Health Campus had been developed to reduce disruption to planned care, with verbal support from NHS England pending formal approval. Updates were also provided on the Care Transfer Hub, which aimed to deliver services closer to home, and on the corporate transformation programme, with staff reported to be responding positively to changes.

Medium Term Planning Update (Presentation):

I Chadwell presented the medium-term planning update, noting that the first revision had been submitted and the final plan was scheduled for 12 February 2026. He outlined the governance timeline and emphasised the substantial work required to finalise the plan and deliver the Trust's strategy.

The plan followed a structured framework to define success measures and support underlying delivery plans. It included commitments to improve access to urgent and emergency care, which was currently in the high 70s, targeting 82% by March 2027. Referral-to-treatment waiting times were also identified for improvement, while cancer and diagnostic waiting times remained at high performance levels. Workforce requirements were aligned with the available financial envelope, and further work was required to meet operational and strategic goals.

C Walker provided an overview of the financial position. He reported that NHS England had set expectations for financial performance over the next two years. Deficit support of £21 million in the current year would be halved for 2026/27 and removed entirely the following year. The Trust would therefore need to achieve cost improvement savings of approximately £35.5 million, equivalent to 5.6% of influenceable expenditure, with a medium-case scenario increasing to £44.5 million, equivalent to 7% and a worst-case scenario of 11.2%.

Savings of £22.5 million were identified as new, following brought-forward initiatives such as urgent and emergency care flow improvements.

I Chadwell outlined six key focus areas for medium-term delivery, including maximising elective care performance, outpatient transformation, and addressing underperforming services identified through benchmarking.

D Wake discussed the “Building a Better Future” programme, noting that approximately £150 million of capital investment would be allocated to redesign Russells Hall Hospital. A multi-professional clinical design group would be established to co-locate critical care and emergency care services, improve efficiency, and maximise the use of the Trust’s estate. The programme was described as a once-in-a-lifetime opportunity to deliver high-quality, co-located services.

A Giles highlighted the role of governors in supporting the Trust through planning and delivery and encouraged them to consider how they could contribute to achieving strategic objectives in the coming year.

A Thomas emphasised that the medium-term plan was primarily a technical exercise to set financial guardrails and resource allocation over three years, noting that delivery plans such as outpatient transformation and infrastructure initiatives were essential to translate the plan into tangible improvements for patients and staff.

The Chair concluded that Board meetings during January and February 2026 would supplement the planning process and provide assurance of delivery.

No further comments or questions were raised. The report was noted for assurance.

Adam Thomas and Diane Wake left at 17:58

COG 25/64

Green Plan Update (Presentation)

N Harris presented the Green Plan Update and noted that the most recent Green Plan had been refreshed for 2020–2025 and was available on the Trust’s website.

She outlined changes in management and reporting arrangements, with oversight provided through the Joint Infrastructure Committee on a six-monthly basis. A draft terms of reference had been developed for the Green Plan Working Group, spanning both DGFT and SWBH, with the first meeting scheduled for February 2026.

N Harris reported on recent achievements, including recognition at the Committed to Excellence Awards, where Jeremy Pugh was recognised for reducing energy waste-related emissions by 55%. She highlighted that building energy use had reduced by 8% since the baseline year, although this was below the 6% year-on-year target, indicating the Trust was off track to meet its net-zero commitment.

Positive progress included the full decommissioning of nitrous oxide at Russells Hall Hospital and Corbett Outpatient Centre, transitioning to portable cylinders and saving approximately 414 tonnes of CO₂ annually. Work on embedding ‘Bathroom First’ principles into the Trust’s “Eat, Drink, Dress, Move to Improvement” programme was also highlighted.

Regarding travel initiatives, N Harris outlined the planned launch of a free bike scheme for staff, offering 25 bicycles with training provided by Dudley MBC. The Kinto Join car-sharing scheme, active across the Black Country, was also noted. Engagement with the Green Plan had been strong, with over 900 views on Sway, more than 110 Green Team members, and green plan training embedded within Preceptorship for approximately 150 new staff members. Examples of successful projects included theatre team visits to waste facilities, pharmacy initiatives, and ITU work on reducing blood tests.

Areas of concern were highlighted, including delays in data reporting, clinical pressures limiting staff capacity to embed initiatives, missed opportunities within estates, and potential relinquishment of PSDS (Public Sector Decarbonisation Scheme) funding for solar panels.

Future plans included a clinical showcase to highlight ongoing work, a relaunch of the Staff Travel Survey, and further development of greener courtyard spaces.

	<p>M Lodge-Smith sought clarification regarding the bikes, and N Harris confirmed they were standard bicycles to allow wider participation, with electric bikes available through the cycle-to-work scheme.</p> <p>J Woolley highlighted progress on LED lighting installations across multiple sites and energy-saving measures for air handling units, noting that improvements to building management systems would enhance energy data capture.</p> <p>C Walker acknowledged the projects and emphasised the need for collaboration across the Trust to maximise opportunities and funding support for greener energy initiatives. J Woolley confirmed ongoing work to transition low-temperature hot water systems away from gas.</p> <p>The Chair invited N Harris to identify any requests for governor support. She noted that continued discussion and engagement in meetings would be appreciated and welcomed further in-depth conversations outside of the meeting setting.</p> <p>It was agreed that the Green Plan, along with the presentation slides, would be circulated to the Council of Governors.</p> <p>The Chair concluded by thanking N Harris and emphasised the importance of championing the Green Plan within the Trust despite external pressures.</p> <p>Action:</p> <ul style="list-style-type: none"> - The Green Plan and presentation slides would be circulated to the Council of Governors following the meeting. <p>No further comments or questions were raised. The report was noted for assurance.</p>
<p>COG 25/65</p>	<p>Board Secretary Update (Enclosure 8)</p> <p>H Board presented the Board Secretary's update, given as enclosure eight.</p> <p>She welcomed new and returning governors following the latest round of elections.</p> <p>H Board advised the Council of Governors that an in-house election had been conducted to appoint a Deputy Lead Governor to support A Giles, Lead Governor, during periods of absence. One expression of interest had been received from Jill Faulkner, who was proposed as the uncontested candidate for the role. Jill Faulkner was unable to attend the meeting due to prior commitments. H Board explained that the tenure of the Lead Governor and Deputy Lead Governor was linked to the term of office of the appointee, but was also subject to annual revalidation by the Council of Governors.</p> <p>H Board highlighted the recent Council of Governors Effectiveness Survey, noting that 22 responses had been received out of 25 Council of Governors, with two vacancies at the time. She emphasised that the survey provided valuable insight and that governors would be invited to co-produce any improvement actions arising from the review. She encouraged governors to engage in discussions to strengthen the Governor-Trust relationship and to participate in developing any required actions.</p> <p>The Council of Governors unanimously approved the appointment of Jill Faulkner as Deputy Lead Governor.</p> <p>The Chair thanked H Board for her report and ongoing work supporting the Council of Governors.</p> <p>There were no questions or comments raised. The report was noted for approval.</p>
<p>COG 25/66</p>	<p>Lead Governor update (Verbal)</p>

	<p>A Giles welcomed the newly elected and returning governors to the Council.</p> <p>He expressed gratitude to governors who had participated in Trust activities, including Natalia Hill and Lewis Callary for attending the Glitter Ball, and to all governors who had supported PLACE audits and other site visits. He emphasised the importance of these activities in providing first-hand insight into the day-to-day operations of the Trust and encouraged governors to participate where possible.</p> <p>He also thanked governors who continued to attend the Board sub-committee meetings, noting that their presence was valued and that the discussions at these meetings were robust and significant for the work of the Trust.</p> <p>A Giles highlighted the ongoing development of the Quality and Safety Delivery Plan led by Leigh Dillon, Associate Chief Nurse. He encouraged governors to contribute their perspectives and the lived experience of patients to support the implementation of the plan, noting that they could liaise with the Foundation Trust Office to be connected with Leigh Dillon.</p> <p>Finally, A Giles thanked the Council of Governors for their continued support, acknowledging the vital role governors played in the work of the Trust. He extended seasonal greetings to all governors, staff, and colleagues, wishing them a Merry Christmas and Happy New Year.</p> <p>There were no questions or comments raised. The update was noted for information.</p>
<p>COG 25/67</p>	<p>Experience & Engagement Committee Update (Enclosure 9)</p> <p>M Hussain provided a brief update on the Experience and Engagement Committee held on 2 December 2025 given as enclosure nine.</p> <p>He reminded governors that the Council of Governors Effectiveness Review had been completed and that a task and finish group would be established to analyse the results and develop an action plan. Governors were invited to volunteer by submitting their names to the Foundation Trust Office.</p> <p>M Hussain highlighted recent Trust achievements, including: winning an Health Service Journal (HSJ) Award for the Collaborative Sepsis Improvement Programme; early implementation of Martha’s Law; Gold Standard Framework accreditation for 17 wards; commendation of the Digital Team for work with the surgery department; and positive feedback for maternity services from UNICEF UK, with retention of Baby Friendly accreditation.</p> <p>The Chair encouraged the governors to volunteer for the task and finish group to support the implementation of the Council of Governors Effectiveness Review outcomes.</p> <p>No comments or questions were raised. The report was noted for assurance.</p>
<p>COG 25/68</p>	<p>Any other Business (Verbal)</p> <p>None were noted.</p>
<p>COG 25/69</p>	<p>Reflections on the meeting (Verbal)</p> <p>The Chair invited reflections on matters not previously discussed. He noted that developing initiatives, including infrastructure and estate work highlighted by M Laverty and D Wake, would be considered in future meetings, along with ongoing improvements and potential service transformation.</p>

	<p>He also highlighted work with the Trust’s charity and volunteers, noting that showcasing this activity could be valuable, particularly for newer governors.</p> <p>The Chair invited reflections on the meeting and acknowledged that more time had been spent on some critical items than originally planned. He encouraged governors to provide feedback on the meeting structure or agenda management to him or Helen.</p>
COG 25/70	<p>Close of meeting and forward Council of Governors meeting dates: 2026</p> <p>The Chair thanked governors for their attendance and participation. The next meeting was scheduled for 19 March 2026 and encouraged governors to attend and observe Board sub-committee meetings as well as Board of Directors meetings.</p> <p>The meeting closed at 18:17 hrs.</p>

Garu 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 18th December 2025

Item No	Subject	Action	Responsible	Due Date	Comments
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.	Rita Rai & Ian Chadwell	Completed March 2026	March 2026 Meeting Agenda Item 5
COG 25/40	Service Spotlight – Winter Planning 2025/26	An update to be provided at a future Full Council of Governors meeting on the work undertaken by the Care Navigation Centre.	TBC	Completed March 2026	March 2026 Meeting Agenda Item 4
COG 25/64	Green Plan Update	The Green Plan and presentation slides would be circulated to the Council of Governors following the meeting	FT Office	Completed December 2025	Circulated on 23/12/25